MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH foneral 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Jashington b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) á hours write RURAL and give nearest town) He erstown Williamsport .5 papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET AOORESS e. IS RESIDENCE ON A FARM? Jashington County Hospital YES NO completely we carbon p executed within NAME OF rent. wit First Middle Last DATE Month Oay Year DECEASED (Type or print) DEATH April 66 Virrie Aushermin 19 SEX remove 6. COLOR OR RACE 7. MARRIEO 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS NEVER MARRIEO [last birthday) Months | Days Pennale WIOOWEO TO OIVORCED | physician an please reval, and in 5 10a. USUAL OCCUPATION (Cive kind of work done) 10b, KINO OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be during most of working life, even if retired) COUNTRY? INOUSTRY ililic. Conococheamue Md School removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph Wolford Ruben Martha Brunner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate as the QUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART 11. OTHER SIGNIFICANT CONGITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONGITION CIVEN IN PART 1(a) 19. WAS AUTOPSY certificate his hed for use it, of Health p PERFORMEO? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBOTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) After this certif the detached for State Dept. of I 20c. TIME OF INJURY Month, Oav. Year 120e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at 42 M, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SICNED SICNATURE PHYS. page STAFF PHYS. MEO. Page 4 may b DIRECTOR _ FUNERAL YSICIAN ADDRESS director, p RICHARD Type)T. BINFORD, POTOMAC AVENUE HAGERSTOWN. MD. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF 23a. 23c. REMOVAL (Specify) 0 Greenlawn Cemetery lia sport Maryl nd REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AOORESS Lant Williamsport Ma. VR A15 (4) 20M 1/65

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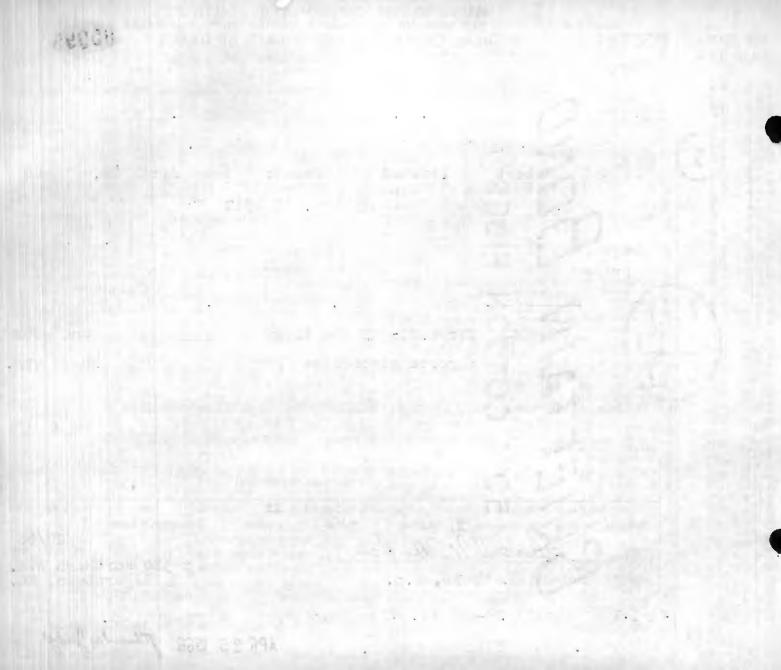
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05996CERTIFICATE OF DEATH and 2 death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY filled in by the fundaments. Pages 1 win 72 hours after the WASHINGTON MARYLAND MARYLAND WASHINGTON CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b HAGERSTOWN DAYS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? within WASHINGTON COUNTY HOSPITAL 1703 W. WASHINGTON NO 3 YES _ within completely carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED event, (Type or print) WALTER ELTJAH DEATH BAKER APRII 5. SEX 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. етоме 7. MARRIED NEVER MARRIED and WIDOWED Y DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ease certificate be during most of working life, even if retired) INDUSTRY RETIRED BOTLERMAKER Then ples RATIROAD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIJAH E. BAKER DANNED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITYNO. 17. INFORMANT HAGERSANDON MARY MAND death (Yes, no, or unkown) (If yes give war or dates of service) 705-10-7430 MRS. JACK GRAY 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES V NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) r this certif detached for the Dept. of A OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING F After Id be d at work at work OIRECTOR: A age 3 should lled with the 21. I certify that (I) (this hospital) attended the deceased from 2/4 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a/ SICNATURE DATE SICNED page ATTENDING X DIRECTOR PHYS. M.D. PHYS. HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL director, p NAME (Type) BINFORD M.D. POTOMAC AVE. HAGERSTOWN. MD. RICHARD T. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. REMOVAL (Specify) ROSE HILL CEMETERY APRIL 15.1966 HAGERSTOWN. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HAGERSTOWN, MARYLAND VR AIS 20M 1/65

11899.4 WAS ALLEST OF THE PARTY. The state of the same of the s A THE STATE OF THE THE WALLS WALLE Rest Harranded Waterston Considered contents. aren welling ander all the desiryon " by brand com soprison stranger Collect 1. Faster of the I amount of THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY. The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY b. COUNTY by the financial Pages 1 Maryland Washington hours after Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town Clear Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Mill St. NO YES Washington County Hospital executed within 3. NAME OF First Month Day Year Middle Last 4. DATE DECEASED Bel 1 66 DEATH April Q 19 (Type or print) Isabel Margaret 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED // NEVER MARRIED White Female WIDOWED DIVORCED June ermit. Then please re 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? law requires that the death certificate be INDUSTRY U.S.A. Phila. House work Home duties Pa. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Isabel Baker Grant St. Pierre Mo McEnany 16. SOCIAL SECURITY NO. 17. INFORMANT Address this certificate has been signed by the atten-batached for use as the burial-transit permit. 9 Dept. of Health prior to burial, cremation, or i (Yes, no, or unkown) [[fyes give war or dates of service) Clear Spring. Albert M. Bell None None No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Uremia, acute and Hepatic Failure 4 days PHYSICIAN: The law requires that the the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Carcinomatosis, generalized unknown Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating Adenocarcinoma of the colon years underlying cause last (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Anemia, due to carcinomatosis YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached e Dept. MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) RECTOR: After to 3 should be de li with the State Hour a.m. While Not While OR ATTENDING be retained by D.M. at work at work April 9 1959 1966 May 21. I certify that (I) XXXXXXXXXXIII) attended the deceased from that (I) (wex last FUNERAL DIRECTOR: irector, page 3 shoul and that death occurred at 8:55 M; from the causes and on the date stated above. April Jan saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE 04/11/66 page : MED. DIRECTOR STAFF PHYS. Kin Page 4 may 1 M.D. Spring SMaryland TO FUNERAL director, pi should be f PHYSICIAN'Archie Robert Cohen, M.D. Clear (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. Luthern 258. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) Md. Clear Spring. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Weshington Weshington MARYLANO funeral may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Honerstown Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS ON A FARM? 3 to Page Rechanic NO A Jashington County Hospital hour and and NAME OF DATE Middle Last Year DECEASED DF 1966 20. Robert Lynwood Benner April DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. uted within 24 hours after death. If it in pencil in Item 18. Give Pages 1, Examiner's Office along with form NEVER MARRIED × 5 last birthday) Months | Days Hours Male NE Thi te WICOWED OIVORGED A event 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? INOUSTRY -Sharpsburg Maryland one pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E Luther Penner Mary Jane Lapole File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO 17. INFORMANT Gaithersburg (Yes, no, or unkown) (If yes give war or dates of service) permit. EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's Mr. Frederick L. Price Maryland none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit presention, or r Cirrhosis of the liver One wee IMMEDIATE CAUSE (a) "pending" Medical E **OUE TO** chronic alcoholism 20-30 Conditions, if any, which VIS. (b) gave rise to immediate **OUE TO** cause (e), stating the used as a to burial, c underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMEO? YES T No E 2Da. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) PRIMARY | or CONTRIBUTING | should | CAUSE OF DEATH. 3 shou EDICAL 2Dc. TIME OF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XX. and in my opinion Inspection Inquiry should FUNERAL DIRECTOR: Health or its design Undetermined manner Homicide death resulted from: Natural causes_ X. Accident Suicide 4/20/66 22, DATE SIGNED CHIEF MEDICAL EXAMINER for your execute r. Page 4 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md. director. NAME (Type) 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) 0 View Cemetery Sharnshire REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS REC'D BY REGISTRAR | 25b. VR ALSME (5) Leaf Williamsport Md 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death? hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery a. CDUNTY a. STATE Maryland Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pagi Bethesda Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 5710 Greenlawn Drive Hagerstown State Hospital NO X YES with mpletely carbon NAME DE Middle Month Day DECEASED (Type or print) DEATH death certificate be executed 6. COLDROR BACE 7. MARRIED K NEVER MARRIED AGE (Un years IF UNDE years | IF UNDERA YEAR | IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Hours 28. Days April WIDOWED DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) POUNTRYA. Virginia Mechani w 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova William Bledsoe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 (Yes, no, or unkown) ((If yes give war or dates of service) Bledsoe-wife-same item 32 2 Betty C. cremation, ā 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c); INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, o DUE TD Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. as 19. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? ICAT! ND X YES hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) hed i DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work О 21. I certify that (I) (this hospital), attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the deceased alive_on and that death occurred at& 22a. SIGNATURE 22b. ATTENDING filed DIRECTOR PHYS. O HOSPITAL PHYSICIAN ADDRES FUNERAL director, p NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY Parklawn 23d. LOCATION (City, town of county) Rockville, BREMOVAL (Specify) Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS. REC'D BY REGISTRAR | 1966 Rockville Pike VR A15 (4) Tyson Wheeler-1331 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages Land 2 hours after death. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Washington

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland MARYLAND c. CITY OR YOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH DE STAY IN 1b and completely filled in by remove carbon papers. Pag any event, within 72 hours Poo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORES! e. IS RESIDENCE ON A FARM? Residence YES 🗍 No X Rural NAME OF executed within Last DATE DECEASED DEATH April (Type or print) Elizebeth 19 66 RussellBehrer 5. SEX DATE OF BIRTH 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS birthday) | Months last Hours Oays Female WIDOWED # White DIVORCED May 22,1890 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be COUNTRY? Self employed
13. FATHER'S NAME Home duties Oakland W. H C MOTHER'S MAIDEN NAME Nathan Howard Emma Svielman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes nive war or dates of service) INFORMANT 16. SOCIAL SECURITY NO. D FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept. None Edwin Bohrer Big Pool. Md INTERVAL BETWEEN
ONSET AND DEATH
5 minutes CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) minutes Ventricular fibrillation O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that ti Page 4 may be retained by the hospital or attending physician. Coronary artery Occlusion with Myocardial Infarction 20 minut Conditions, If any, which (b) rise to immediate DUE TO (a), stating the Hypertensive Heart Disease unknown underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Diabetes Mellitus NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. at work Nov 7, 21. I certify that (I) (this hospital) attended the deceased from 66 saw the deceased alive of pril 18 and that death occurred 6135 Por the causes and on the date stated above. 22b. DATE SIGNED 22a. SHODIATURE ATTENDING PHYS. MED. DIRECTOR 04/22/66 M.D. ^{2d. ADDRESS} Clear Spring, Maryland TO FUNERAL PHYSICIAN'S Robert Cohen, M.D., NAME (Type) Archie BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY TO LOCATION (City, town or county) (State 23b. OATE THEREOF Va Church Oakland Oakland W. FUNERAL DIRECTOR Md. DATAPR 26 1966 Clear Spring. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Wanted and and the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 4 11 170 pr town Ho manatons .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS papers in 72 ON A FARM? YES NO 1 within within etely rbod NAME DE Month Last DATE Day Year DECEASED DF event, COMP (Type or print) DEATH 7) 1 19 be_executed 5. SEX sictin and con lease remove and in any eve 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Davs Hours WIDOWED DIVORCED [yrs. 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Bookkeepar the attending physic t permit. Then ple death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа James Pheada 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Ь (Yes, po, or unkown) (If yes give war or dates of service) been signed by the attention the burial-transit permion to burial, cremation, o Tion on other INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. **DUE TO** law requires Conditions, If any, which gave rise to Immediate **DUE TO** (a), stating the underlying cause last. CERTIFICATION PART II, OTHER SUGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO F YES this cerm detached for 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | it of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER MOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bidg., etc.) Hour a.m. Not While After d While at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last RECTOR: e 3 should d with the and that death occurred at 1:25 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING MED. STAFF ᆵ PHYS. DIRECTOR FUNERAL 22d. ADDRESS PHYSICIAN'S TO FUNERAL director, p should be 1 NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) mirrison 12.1 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS VR A15 (4) 2DM 1/65

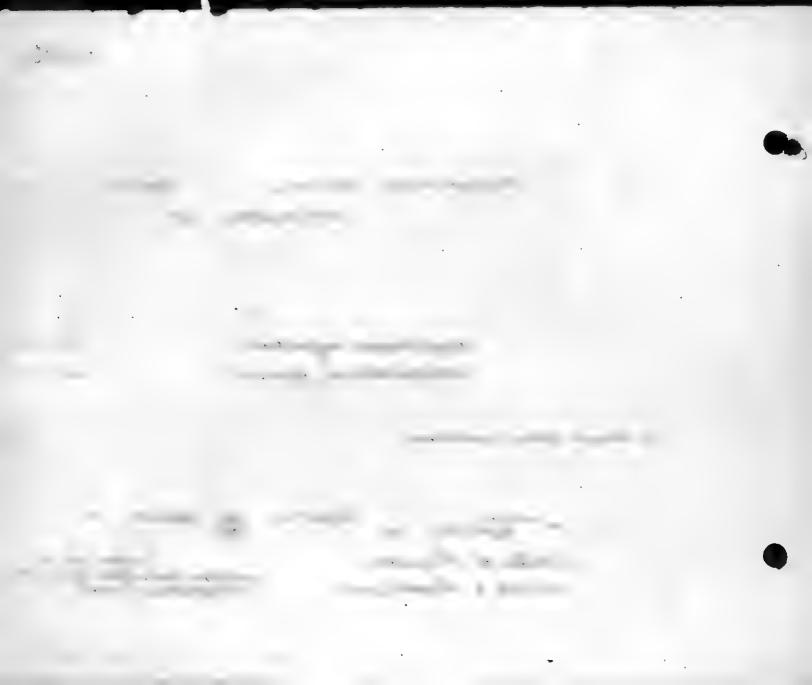


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06002 requires that the death certificate be executed within 24 haurs after death pub filled in by the funeral papers Pages I and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY Washington o. STATE **b** COUNTY Maryland MARYLAND Frederick b CTY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 15 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) papers Pag hin 72 haurs (write RURAL and give nearest tawn) Hagerstown Days Rural Middletown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? Washington County Hospital Rfd. 1 YES X NO 3 NAME OF Middle First Lost 4 DATE Month Day Year DECEASED Albert Lee April 6. 19 66 (Type or print) Bowers DEATH AGE (In years S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH last birthday) Doys Hours QUA WIDOWED DIVORCED Male White Nov. 27. 1882 9 Ema IDa USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) **COUNTRY?** INDUSTRY Farming Beaver Creek, Md. S. Farmer 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME еп George Bowers Susan Baker TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Md. (Yes, na, ar unknawn) (If yes give wor or dates af service) Mrs. Nellie S. Bowers Rfd. 1, Middletown None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the TO FULLERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) FICATION far use NO X YES 2Da ACCIDENT WAS UNDERVING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuly in Port I or Part 106 item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (State) foctory, street, office bldg., etc.). Not While at wark 21. I certify that (I) (this haspital) attended the deceased from 4 1966, ta 1966, that (I) (web last 66 and that death accurred at 7 A M, from causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22c PHYSICIAN 22d. ADDRESS NAME (Type) director, plnods 230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOYAL (Specify) 4- 8- 66 Benevola E. U. B. Cemeterv Benevola. Wash. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Boonsboro, Md Make John H. Bast, Jr. 112 N. Main St



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH remuires that the dmath certificate be mixecuted within 24 hours after death. death/ pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by the funeral O. STATE MARYLAND a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LIFE HANCOCK HANCOCK d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) VIRGINIA AVENUE HOME VIRGINIA AVENUE YES NO X 3 NAME OF First Middle lost 4. DATE Month Year Day completely DECEASED 0F 19 66 LLOYD WILLIAM BRAKEAL APRIL DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED **NEVER MARRIED** remove 68ast birthday) Manths Days Haurs 17/1898 MALE WHITE dny DIVORCED WIDOWED 10a USJAL OCCUPATION (G ve kind of work done during most of warking life, even if refired) 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY S Clor MARYLAND B&O RAILROAD EMPLOYEE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Phy na HENRY CLAYTON BRAKEALL MAUDE RICE the attending parties it nermit. The Address HANCOCK, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT MD. (Yes, no, or Laknowa) (If yes give war ar dates of service) YES VIRGINIA CLARA E. BRAKEALL. crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter arry one cause per lip@or (a), (b), and (c) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE fo DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the has been iost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO certificate 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work L at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hasnited) attended the deceased fram sage 3 should the Silled with the S be retained and that death accurred at ANA M, from causes and on the date stated above. saw the deceased alive an __ 22b. DATE SIGNED 22g, SIGNATUR M.D. DIRECTOR PHYS. PHYS. poge 22d. ADDRESS PHYSICIAN'S director, po should be f NAME (Type) FRANK B. THOMAS 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Page 23g BURIAL, CREMATION, (County) BUR I AL HANCOCK. EP | BCOPAL MARYLAND THOMAS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

	1	MARYLAND STATE DEPARTMENT OF HEAD DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	ALTH	AARVI AND
÷	E LE	OGOU- CERTIFICATE OF DEATH	thei, one imolic if a	06001.
after death.	and	a. STATE	re deceased lived, If Institution: F b. COUNTY	_
afte	ges 1 after	b, CITY OR TOWN (if outside corporate limits. I C LENGTH DE STAY IN 1) C CITY OR TOWN (if outside	PAINCE (and give nearest town)
hours	d in by rs. Pag 2 hours	Write RURAL and give nearest town) HAGERS TOWN, MD 2 Mo. 7646 Good.	LAND DRIVE	11
24 h	completely filled ve carbon papers, event, within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WESTERN MARYLAND STATE HOSPITAL KENTLAND	mp.	e. IS RESIDENCE ON A FARM?
	rbon p	3. NAME DF First Middle Last 4. D	ATE Month	Day Year
W.I	completive carb	(Type or print) Marie Hilda Brewer	EATH april30	1966
executed within	and col	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. ACE (in years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	E attend	10a. USUAL DCCUPATION (Give kind of workdone of during most of working life, even if retired) 10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & INDUSTRY)	69 yrs. State, or foreign country) 12. C	ITIZEN OF WHAT
e pe		HOUSEWIFE HOME MARYLAND		DUNTRY?
ificat	ng phy hen noval	13. FATHER'S NAME	1E	
cert		STRUEN FOX 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	0.2
that the death certificate be sician.	atter ermit. on, or	(Yes, no, or unknown) (If yes give war or dates of service) No No DOROTHY E. BREWEI	7646 60001	440 470
he d	on signed by the att burial-transit permit burial, cremation, o	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	1144112	INTERVAL BETWEEN ONSET AND DEATH
hat t cian.	tran-tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myo cardical infanction		3 weeks
res t	sign urial	Conditions, If any, which by artificiosclerosis, general		unkniwa
The faw requires that I or attending physician	been the b	gave rise to Immediate (cause (a), stating the DUE TO		
aw I	has be as the prior t	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
		(i) Chronic brain syndrome	0 0 1 0 1 C 1 1 1 1 1 2 (a)	PERFORMED? YES NO
PHYSICIAN: the hospital	certificate hithed for use of Health p	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	In Part I or Part II of Item 18	.)
IG PHYSICI/	ter this ce detache tate Dept.	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20 factory, street, office bidg., etc.)	of. (City or town) (Cou	(State)
NOING PHYS	Refer this uld be detached the State Dep	Hour a.m. p.m. 19 While Not While factory, street, office bldg., etc.) 21. I certify that (!) (this hospital) attended the deceased from Carif (1), 19 66.	to Coril 30 , 19	66, that (I) (wo) last
ATTENDING PHYS retained by the h	CTOR: After this should be detac with the State Deg	21. I certify that (!) (this hospital) attended the deceased from Gorif 11, 1966, saw the deceased alive on Gorif 30, 1966, and that death occurred at 1.52	to Clari 30 , 19	66, that (I) (wo) last he date stated above.
L OR ATTENDING PHYS y be retained by the h	DIRECTOR: After this age 3 should be detailed with the State Dec	21. I certify that (!) (this hospital) attended the deceased from Gorif 11, 1966, saw the deceased alive on Gorif 30, 1966, and that death occurred at 1320, 22a. SIGNATURE Victor & Rames, M.D. ATTENDING DIRECTOR OF PHYS.	to Cypril 30 , 19 dl, from the causes and on t	he date stated above. ATE SIGNED
SPITAL OR ATTENDING PHYS 4 may be retained by the h	NERAL DIRECTOR, After this too, page 3 should be detacted be detacted by the State Degraph of	21. I certify that (!) (this hospital) attended the deceased from Capril 11, 1966, saw the deceased alive on Capril 30, 1966, and that death occurred at 1.32 Name (Type) 22c. PHYSICIAN'S DIRECTED A. PATTENDING MED DIRECTED AMERICAN NAME (Type) 22d. ADDRESS West	to Cypril 30 , 19 dl, from the causes and on t	he date stated above. ATE SIGNED 1 30,146 C 1 Ho Spilling
D HOSPITAL OR ATTENDING PHYS	FUNERAL DIRECTOR: After this director, page 3 should be detacted with the State Degraph of th	21. I certify that (!) (this hospital) attended the deceased from Correct at saw the deceased alive on Correct at 132 and that death occurred at 132 and 13	to 19 19 19 19 19 19 19 19 19 19 19 19 19	he date stated above. ATE SIGNED 1/30/1466 1/30/1466
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the h	TO FUNERAL DIRECTOR. After this director, page 3 should be detace should be filed with the State Deg	21. I certify that (!) (this hospital) attended the deceased from Correct at 1.32 saw the deceased alive on Correct at 1.32 and that death occurred at 1.32 an	to Gord 30, 19 I, from the causes and on to the causes and on to the causes and on the causes and the causes are caused as the cause of the causes are caused as the causes and on the causes and on the causes and on the causes and on the causes are caused as the causes are caused as the causes are caused as the causes and on the causes are caused as the caused as	he date stated above. ATE SIGNED ATE SIGN
TO ROSPITAL OR ATTENDING Page 4 may be retained by	TO FUNERAL DIRECTOR. After this director, page 3 should be detacted should be filed with the State Detacted	21. I certify that (!) (this hospital) attended the deceased from Capril 1, 1966, saw the deceased alive on Capril 30, 1966, and that death occurred at 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) VICTOR L. Ramos, m.D. 22d. ADDRESS West Had about the company of the company o	to Gord 30, 19 I, from the causes and on to the causes and on to the causes and on the causes and the causes are caused as the cause of the causes are caused as the causes and on the causes and on the causes and on the causes and on the causes are caused as the causes are caused as the causes are caused as the causes and on the causes are caused as the caused as	he date stated above. ATE SIGNED 1/30/1466 Hospimal (State) M D S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06005 requires that the death certificate be executed within 24 havrs after death. by the funeral Pages 1 and 2 deot 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission PLACE OF DEATH o. COUNTY Washington o. STATE Maryland b COUNTY Washington MARYLAND attending physician and ampletely filled in by the fur permit. Then please remove carbon papers. Pages 1 aa, or remaval, and in any event, within 72 hours after CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate fimils, write RURAL and give nearest town) 40 Yrs. Hagerstown Hagerstown e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREFT ADDRESS 00 West Franklin St NO DO West Franklin St. YES 🗍 3. NAME OF 4 DATE First Middle Lost Dov Year DECEASED April 18, Charles 19 66 (Type or pnnt) Henry Brown DEATH IF LNDER 1 YEAR IF UNDER 24 HRS S SEX B DATE OF BIRTH 9 AGE (n years 6 COLOR OR RACE 7 MARRIED 17 NEVER MARRIED birthdov) Months Hours Days Feb. 20. 1916 GBWOOIW DIVORCED White Male 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT IDo LSUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Janitor Cleaning Zittlestown, Md. 11. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zelle Poffenberger Fred Brown AddreHagerstown, Md. 17 INFORMANT IS. WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service) 215-18-2424 Mrs. Mary E Brown, 652 W. Franklin St. No. NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b)) and (c)) burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Š DUE TO Conditions, if any, which gove nse to 'mmediate cause (a). DUE TO stating the underlying couse as the priar tal the haspital ar attending O FUNERAL INRECTOR: After this certificate has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X ٥ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 200 ACCIDENT WAS UNDERLYING detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 201 (City or town) (County) (Stole) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc. Not While of work FO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram Wel. 18 196 194 b, that (I) (we) last saw the deceased alive an M, fram causes and an the date stated above Viace, and that ceath accurred at 226_ADMESIGNED 22n. SIGNATURE STAFF PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S. NAME (Type) director, should be 23d. LOCATION (City or Town) (Store) NAME OF CEMETER'S OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOE REMOVAL (Specify)
Buria I Boonshoro Md SISTRAR 256. REGISTRAR'S SIGNATURE Boonsboro Cemetery 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAAPR John H. Bast, Jr. 112 N. Main St. Boonsboro Md

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06006 requires that the death certificate be executed within 24 haurs after death. death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) physician and campletely filled in by the funeral a. STATE MARYLAND b. COUNTY WASHINGTON a. COUNTY WASHINGTON MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate I mits, c CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) te RURA, and give negrest town) DAY SALEM AVE. ve carban papers. event, within 72 ho d. STREET ADDRESS B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspito, give street address) WASHINGTON COUNTY HOSPITAL HAGERSTOWN YES 🔲 NO X NAME OF Middle Lost 4 DATE Month Day Year DECEASED MARY BROWN CHRISTINA 19 Type or print DEATH IF TINDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (M years NEYER MARRIED birthday) Manths Davs Haurs WIDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY FULTON COUNTY PENN HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY or remov BARNHART BESSIE SEAL signed by the attending burial-transit permit. Th 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT LIAMSPORT (Yes, no or unknown) (If yes give wor or dates af service FUNKHOUSER 26 HOFFMAN crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per Juge for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1 410 DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the prior tal has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PEREDRIMED? Health | NO CERTIFICATI 'O FUNERAL DIRECTOR: After this certificate ξ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [3] by the hospital OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) While Not While at wark þ 21 I certify that (I) (this hospital) attended the deceased from be retained should and that death accurred of 3:50 M. from causes and on the date stated above saw the deceased alive on 6 SIGNATURE MED. DIRECTOR STAFF PHYS filed PHYS TO HOSPITAL (Page 4 may b 22d. ADDRESS Mar tin M.D. 22d ADDRESS St.Hagerstown, Maryland Dona Ld NAME (Type) 418 Potomac North director, should b 23c. NAME OF CEMETERY OR CREMATORY (State)/ID 23a BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City of Town) (County) WASHINGTON ORCHARD RIDGE CEM 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

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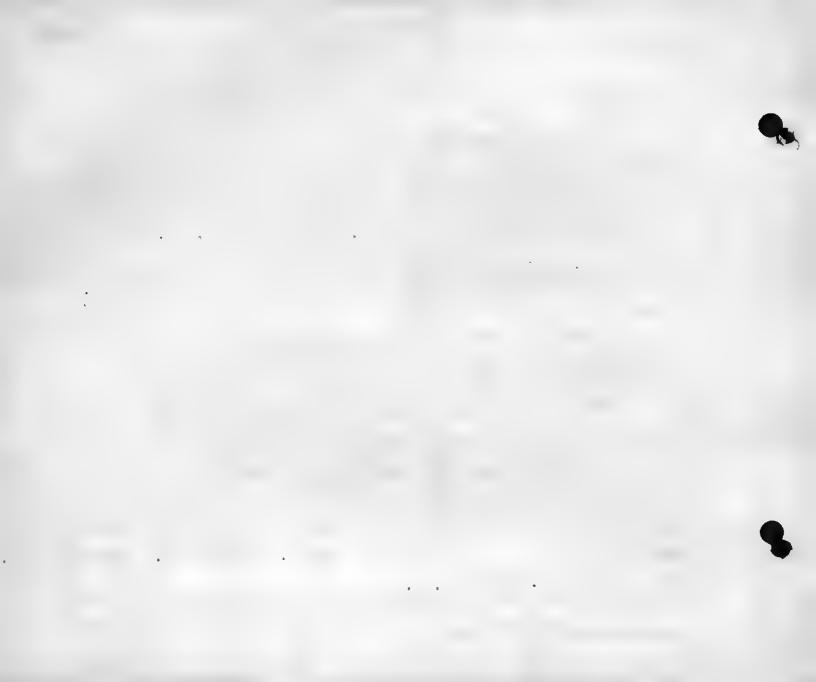
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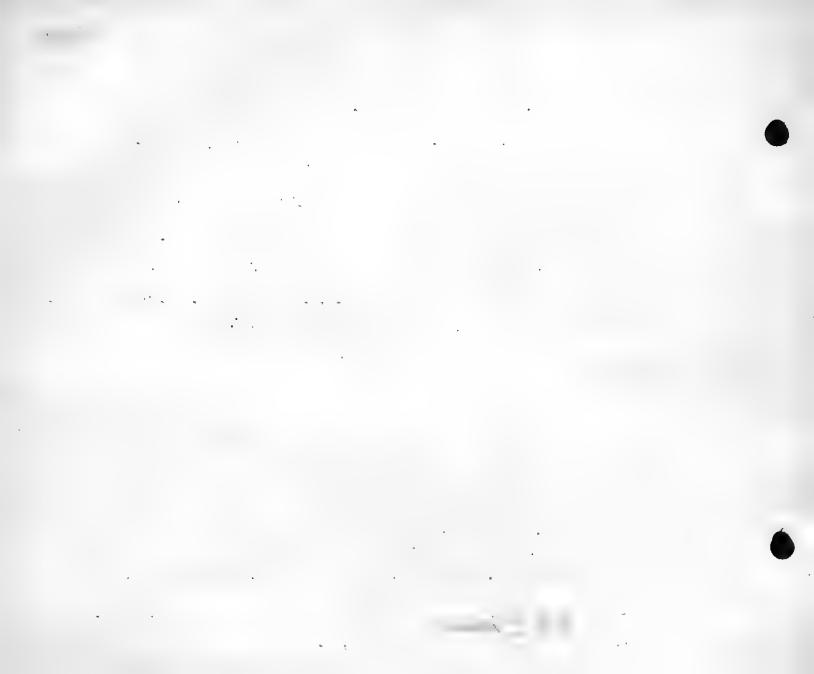
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1, 141	1	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	. 1	SOOS MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05005
BEALTH DEPT.		LACE OF DEATH	2. USUAL RESIDENCE (Where decessed I.vad, If institution: Res.	dence before admission
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odr		write RURAL and give nearest town)	Villiamsport	, ,
or y		NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	a. IS RESIDENCE
De Par		ladid ant in Mainter Hoons 3	700	YES NO
fun Faint Stat	3	NAME OF First Middle DEGEASED	Lesf 4. DATE Month 0	Day Year
The line of the red		Type or printl	DEATH	19 .
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# 5 E E	15.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 IN	FORMANT Address , .	
d w th fi	1"	10 214 00 632 X:rs	. It ry Bark Jill's wort	1'a
y W		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
ong ong in in		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Pending Th	rombotic occlusion of	instant
be all training and the second		7 de pue to anterior descending	, left coronary artery	
ora String		Conditions, if any, which \ (b) Myocardial infarcti	ion, old	sev. yrs.
S. D. S. S. E.		gave rise to immediate cause (a), stating the undarlying DUE TO		· ·
ndir iner d as		cause last. (c) Coronary atheroscl	lerosis, severe	
xam xam ion,	Z O	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
Target 2	Ě			YES NO
This part of the state of the s	Ĭ	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	ar neture of injury in Part I or Pert II of Item 18.)	
ST A REI	12	CAUSE OF DEATH.		
writing writing a Chief I Page 3 s to buris	3		OF INJURY (Home, farm, 20f. (City or lown) (County y, street, office bldg., etc.)	(State)
Pay Pay	WED	Hour s.m. While Not While lector	y, sneet, orned blogs, was,	
Cale Cale Prior Pr		21 I certify that I took charge of the remains described above, held	an Autopsy X, Inspection , Inquiry , a	and in my opinion
PH #		death resulted from: Natural causes Accident . Suicid	e , Homicide , Undetermined manner	
the		1000	CHIEF MEDICAL EXAMINER	
A The Part of the		SIGNATURE TO THE SIGNATURE	M D ASSISTANT MEDICAL EXAM, NER	DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER	4-18-66
PH P		NAME (Type) E. W. DITTO, JR., M. D.	Address (Street, city, fown or county)215 W. Wash	ington St.
DEPUTY sase execution should be FUNERA its design	224	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR C	REMATORY 22d. LOCAT ON (City, town, or country)	(Steta)
5 g 4 5 g /			277	
D	23	FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGN	
SM 9,60		Thought I. Was Hillie 1703	APR 19 1966 Cliarles	usge



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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, and 2 PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY WASHINGTON a. STATE b. COUNTY MARYLAND WASHINGTON MARYLAND s. Pages hours afte CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YRS. HAGERSTOWN 70 HAGERSTOWN Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 DN A FARM? NO X within GARLINGER AVE. COUNTY 220 HOSPITAL YES completely ve carbon p executed within 3. NAME OF First Middie Last DATE Month Day DECEASED remove carb (Type or print) JOSEPHINE OR TNDA CAMPBELL APRIL 27 66 DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Days and 874 WIDOWED X FEMALE DIVORCED [Ξ 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY physician n please r val, and in 11, BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.A. HOUSEWIFE HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME The law requires that the death certifical attending physemit. Then properties of the prope ALICE DERR THOMAS В. signed by the attend burial-transit permit. burial, cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. ACH ACERSTOWN (Yes, no, or unkown) (If yes give war or dates of service) MD. -36-83 6 LEWIS 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) burial-t DUE TO Cenditions, if any, which aronzh gave rise to immediate まま DUE TO cause (a), stating the as th underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTDPSY certificate hished for use a PERFORMED? NO 🖂 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Dd. INJURY OCCURRED 20f. (City or town) (County) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this-hecuital) attended the deceased from Fo. 1953, to A-Pri , that (I) (we) last and that death occurred at & A. M. from the causes and on the date stated above. 1966 saw the deceased alive on ADri 22b. DATE SIGNED 22a. SIGNATURE page DIRECTOR M.D. PHYSICIAN'S NAME (Type) FUNERAL 22d. ADDRESS director, p BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) HAGERSTOWN \mathbf{MD} . ROSE HILL CEM. /30/66 FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDRESS VR AI5 (4) 20M 1/65

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_		E OF DEATH	MORE 1, MARYLAND
1,	PLACE OF DEATH e. COUNTY Via a his make an		COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND LENGTH OF STAY IN 18		Washington, write RURAL and give nearest town)
_	Hagerstown 2 weeks	Han cock d. STREET ADDRESS	a. IS RESIDENC
	Washington County Hospital	Route 2	ON A FARM
3.	NAME OF First Middle	Last A. DATE OF	Month Day Year
5.	(Type or print) Oliver Trenton Campbel SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		ril 24 19 66 years IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED TO DIVORCED	A 13 00 3000	day) Months Days Hours Min.
10: dc		TRY 11. BIRTHPLACE (County & State, or foreign county	
	Laborer FATHER'S NAME	LuRay, Virginia	01 S. A.
13.		14. MOTHER'S MAIDEN NAME	
	George W. Campbell. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sarah Jenkins	ddress
ITO	es, no, or unkown) (If yes give war or dates of service)		
	18. CAUSE OF DEATH [Enter only one cause per kne for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	*	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6)_		1005
	Conditions, If ony, which To the phase 30	(oungis	15-12
	gave rise to immediate cause (a), stating the underlying DUE TO		
	causa last. (c)	The state of the s	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
IFICA	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OF CH	RED. (Enter neture of injury in Pervi or Peri II of item T	PLATIULO YES NO
CERT	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	the state of many to ray to ray to from the	~ .γ
ICAL		LACE OF INJURY (Home, farm, 1 20f. (City or town) actory, street, office bldg-retc.)	(County) (Stete)
WED	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	April II 1966, to Apri	1 24 , 19 66 that (I) (well le
	saw the deceased alive on April 23 19.66, and the	at death occurred at 4	ses and on the date stated above 22b. DATE
	Millismille	M.D. ATTENDING MED. STAFF	□ 4.25.66
	22c, PHYSICIAN'S NAME (Typo)	22d. ADDRESS	
_	M. E. Byrkit, M. D.	Williamsport Maryland	
234	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER PROPERTY 4.27.66 STONE BRIDG		ty, town or county) (StateMD) COCK WASHINGTON
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256	. REGISTRAR'S SIGNATURE
	House of years Han	COL Q YND DATE APR 29 1966	Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06012 CERTIFICATE OF DEATH and completely filled in by the funeral femave barban papers. Pages 1 and 2 : The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY ashington MARYLAND Tashing ton b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY DR TOWN (if outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Wks Hagerstown Hagerstown d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) Washington County Hospital 153 Dogwood Dr. YES NO T 3. NAME OF Middle 4 DATE Month DECEASED (Type or print) CLEVER NAOMI BEATRICE Moril 1966 DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED last birthday) Days Feb. 5, 1917 White WIDOWED | DIVORCED Female 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR v the attending physician or nsit permit. Then please of matian, or removal, and in during most af warking life, even if refired)
Housewife Own Home U.S.A. Hagerstown, Wash. Cty 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME John Heckman

15 WAS DECEASED EVER IN J. S. ARMED FORCES? Marjorie Dalev 17 INFORMANT 16. SOCIAL SECURITY NO Page 4 may be retained by the haspital or attending physician.

TO FUNIRAL DIRECTOR: After this certificate has been signed by the attendir director, page 3 should be detached for use as the burial-transit permit. shauld be filed with the State Dept. af Health priar to burial, crematian, or re (Yes, na, ar unknown) (If yes give war ar dates of service) Harry D. Clever, 153 Dogwood Dr Hagerstown, Ed. | INTERVAL None INTERVAL BETWEEN ONSE AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. Bilateral tobular preumonia + Euroy ema IMMEDIATE CAUSE (a) months estal anastomosis week Conditions, if only, which gove nse ta immediate couse (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic brucepenia + frommlocytopoenia YES IN NO 205 DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour c.m. Not While at work at wark 3/3, 1966, to 4-6, 1966, that (1) (we) last 2]. I certify that (I) (this haspital) attended the deceased fram_____ 4-6 1966, and that death accurred at 10, 45AM, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE John Itstombaker 4-7-66 M.D. 154 V. Washington St. 22d ADDRESS 22c PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hagerstown Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Rose Hill Cemetery 19/66 Hagerstown Has ers cown, 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Marley Coffnan Funeral Home



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e = 0 [V]	John Committee	06013	S SIAIISIIC	WE KEOF			OF DEA		DALTIMOR	16	กาก
d within 24 hours after death, mithin 72 hours after death, vent, within 72 hours after death	1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIL	DENCE (Where deci	ased lived, If Institu		before admission)
Fer fer	_	N.	ASHINGTON			YLANO		MARYLAND		WASHI	NGTON
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hour S. F.	_	HAGERSTO	OWN PITAL OR INSTITUTIO	N (if not in h	7 HRS	addrace)	d. STREET ADDR	LLIAMSPO	RT RURA		. IS RESIDENCE
24 hc filled papers, in 72 h		WASHINGTO				audi ess)			CDORM		ON A FARM?
ithin 24 hours rtely filled in by bon papers. Pag within 72 hours	3.	NAME OF		st	Middle		Last	4. DATE	Month	Day	Year
within		DECEASED (Type or print)	GARY		WAYNE	(OMMER	OF DEATH	APRIL	16	19 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9.	AGE (In years LIE	HNDER 1 YEAR	IF UNDER 24 HRS.
and remove		MALE	WHITE	WIDOWED	O1VORC	60 🗆 A	PRIL 15.1	966	last birthday) Mi		Hours Min.
e and	10a dur	. USUAL OCCUPATI	ION (Give kind of work on hite in hite	done 10b. M	IND OF BUSINESS O	R	11. BIRTHPLACE	E (County & State,	or foreign country)	12. CITIZEN COUNTRY	OF WHAT
cate be physician n please ral, and ir		NONE					WASHING		MARYLAND	U.S	
ifica g ph en oval	13.	FATHER'S NAMI	<u> </u>					NAIDEN NAME			
certifica nding ph Then removal	15		EUGENE COMM VER IN U.S. ARMED FO		SOCIAL SECURITYN	0 1 17	MARLENE INFORMANT	E. BELL	OMO Address		
nat the death certific sian, ed by the attending i transit permit. Then cremation, or remov	(Ye	(Yes, no, or unkown) (1f yes give war or dates of service)									TOODER MITO
the the ration			EATH (Enter only one				. BUGENE	COMME	L.D.T & W	TLLTAMS INTE	RVAL BETWEEN
that the sician. gned by t al-transit ial, crema	Н		ATH WAS CAUSED BY IMMEDIATE CAUSE	· W	I MILLES A	falle	= ALALA			ONS	ET AND DEATH
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ding ding peer the tree tree tree tree tree tree tr	H		ating the OUE	TO			1				
aw re ttendi has br as th prior	ă	PART II OTHERS	Blast. IGNIFICANT CONDITION	(c)	ITING TO DEATH BUT	NOT DELA	ED TO THE LERMIN	VAL DISEASE CONT	ITION GIVEN IN PA	RT1(a) 119.	WAS AUTOPSY
NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	CERTIFICATION	· mir momento	TOTAL TOTAL TOTAL	VIO GOLI III II	<u> </u>	WOIKEEN	LD TO THE TOTAL	THE GIGE TO LOVING	111011 411 211 1111	YE	WAS AUTOPSY PERFORMEO?
tifica for for for		20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJ	URY OCCU	RREO. (Enter natu	re of injury in Pa	rt I or Part II of I		<u>«ГЛ ""«ГЛ</u>
certi certi ched f ot. of	E	OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEATHY MEDICAL EXAMIN	NER)							
HOSPITAL OR ATTENDING PHYSIC age 4 may be retained by the hos FUNERAL DIRECTOR: After this corrector, page 3 should be detached be filed with the State Dept.	MEDICAL		NJURY Month, Day,		NJURY OCCURREO	20e. PLAC	E OF INJURY (Hom y, street, office bld	ne, farm, 20f. (City or town)	(County)	(State)
ING P	띭	Hour a.m p.n		White at wor	k Not While at work	180101). A	5.14.007	The A		
ned and and and and and and and and and an		21. I certify	y that (I) (this hose	ital) attend			frul	, 1944, to_	Mary	,	at (I) (we) last
ATTENDI Pretained ECTOR: A 3 should with the		saw the dec	eased alive on	March	196 6	and that	death occurred	at/24/9/MM, fro	m the causes an	d on the date	
DR De J	Н	ZZ2. SCH 101	11/ Mei	A		M.D.	ATTENOING PHYS.	MEG.	STAFF PHYS.	1 1 1	1966
TAL OR may be AL DIR page e filed		22c. PHYSICIAL	N'S	1 00		MI.D.	22d. ADORES			-11701	1900
HOSPITA Page 4 mi FUNERAL lirector, p		NAME (Ty	HAROLD H	GIST	M.D.		214 N.	POTOMAC	ST. HAG	ERSTOWN	, MD
TO HOSP Page 4 TO FUNE directo should	23a	BURIAL, CREM.	cify)	HEREOF	23c. NAME OF C	EMETERY	OR CREMATORY		CATION (Gity, town	n or county)	(State)
F F (1)	24	BUKTAL	4/18/	1966	ROSE HT	LL CE	METERY 25a.,		ERSTOWN.	MARYLA ISTRARIS SIGN	
VR A15 (4)	10	Dailer	Kaussa	- UAC	ERSTOWN. M	A TVGA		1 N C X Y	968 1	carles &	udge.
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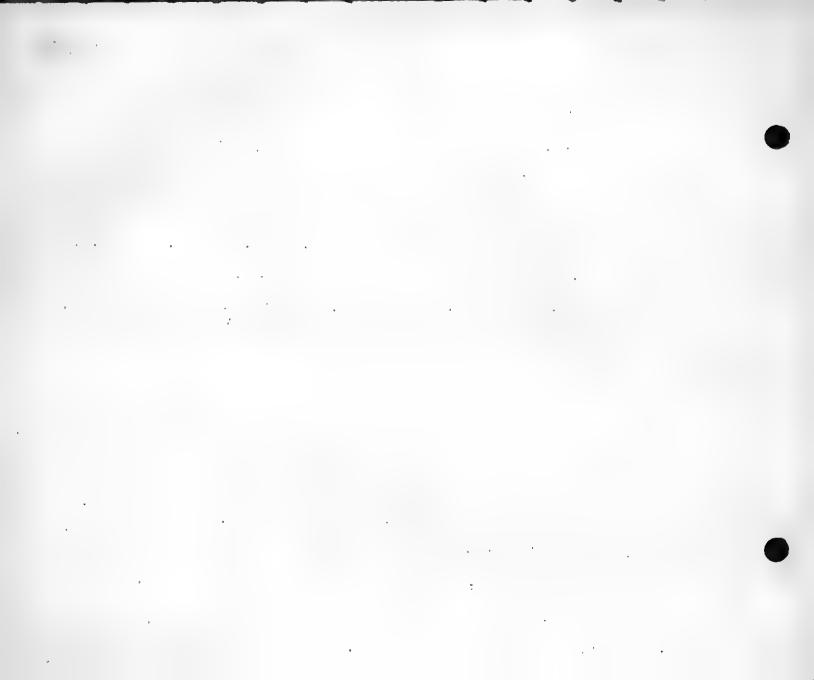
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06014 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death: deoth and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Washington MARYLAND b CITY OR TOWN (if outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 50 years Hagerstown Hagerstown and completely filled in d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 111 E. Baltimore 111 E. Baltimore St. St. YES NO corbon 3 NAME OF Middle fast 4 DATE Doy DECEASED OF DEATH HARRY CRUNKLETON April PRESTON 29, 1966 (Type or pnnt) S. SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER I YEAR TIF JNDER 24 HRS **NEVER MARRIED** birthday) Days Hours Sept. 27,1902 male white WIDOWED DIVORCED 10b KIND OF BUSINESS OR IDo USUAL OCCUPATION (Give kind of work done 13. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of work no lite, even if retured)
branch mgr. Bank · COUNTRY? Greencastle, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Harry S. Crunkleton Rebecca J. Pennsinger signed by the attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 14-09-0734 Mrs. Virginia Crunkleton, Hag., Md. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-transit ONSET AND DEATH ver cell Carcinoma IMMEDIATE CAUSE (a) 1550 DUE TO & Has the few force Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse by the hospital or offending os the O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO TH 호 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) at work at wark 2]. I certify that (I) (this hospital) attended the deceased fram Jan (2 , 19 66 to 12 ks , 29 , 1966 that (1) (we) last TO HOSPITAL OR ATTENT Poge 4 moy be retained 1966, and that death accurred at 105 M, fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 30-66 M.D PHYS director, page Should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Edward W. Ditto III. M.D. 217 West Washington Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) b REMOVAL (Specify) 5-2-66 Hagerstown, Md. Rest Haven Cemetery 25b REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 **DMAY** Minnich Funeral Home, Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06015 completely filled in by the funeral one of and 7 lone carbon papers. Pages I and 7 lone carbon is 29 hours after death The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY ashington ashington MARYLAND b CITY OR TOWN (If outs de corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wate RURAL and give nearest town)
Hagers town Hagerstown VIB. d STREET ADDRESS 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not its hospital, give street address) 427 W. Franklin Martin Lanor Nursing Home NO T 4 DATE 3 NAME OF Month Day Year Middle Lost DECEASED BESSIE CUNNING (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost burthday) Manths Days Feb. 10 187 Female White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign (ougtry) 100 USUAL OCCUPATION (Give kind of work done COUNTRY? W.Q. during most of working fe, even if retired)
Housewife Own Home burial-transit permit. Then please burial, cremation, ar remaval, and Wash Hagerstown, 13 FATHER'S NAME no Record Jacob Miller Address 15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, na, ar unknown) |(If yes give wor or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO signed by the attendu Hærstown. none INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO far use as the b Health prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO S 205 DESCRIBE HOW INJURY OCCURRED. (Enfer noture of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a m. Not While at work ot work directar, page 3 shauld be shauld be filed with the Stal 21. I certify that (1) (this hospital) attended the deceased from 70, 22, 1966, to 1966 _, 19*66*, that (I) (we) last 19 66, and that death accurred at 8 29 M, fram causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. 园 4-7-66 MD. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward W. Ditto ashkneton St. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 4/9/66 He erstown Ad Rose Hill Cemeterv Barrial

24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Coffman Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06616 CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the h "ashington ashir aton Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) Š Ha erstown meeks filled in I Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Hospital Western Ld. Baltimore NAIX Street executed within completely pou DATE OF DEATH NAME OF First DECEASED (Type or print) and con remove AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months I Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX DATE OF BIRTH WIDOWED | DIVORCED F 40 yrs. Augus t 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Laborer Haz. Wash. Hone Co, Md. U.S.A. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit. Then Virginia H. Harrigon L. Dalev Charles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or re 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) 270-16-0445 Frs. Virginia Stains 17 W. Balt. INTERVAL BETWEEN ONSET AND DEATH Ha erstown, haryland been signed by the the burial-transit por to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ATTENDING PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF TISTICLE the hospital or attending physician. DUE TO CARCINOMA OF TESTICLE Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? NO. YES 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the details of the deta MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After the bld be de e State I factory, street, office bldg., etc.) Hour a.m. Not While While o.m. at work at work retained DIRECTOR, A age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from 19 6 and that death occurred at saw the deceased alive on. from the causes and on the date stated above. SIGNATURE DATE SIGNED TO FUNERAL DIRE director, page Should be filed v ATTENDING PHYS. ulo uno DIRECTOR TO HOSPITAL Page 4 may 4 may PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY TY Har. Wash. Cc haryl 25a. REC'D BY REGISTRAR; 25b. REGISTRAR'S SIGNATURE Rose Hill Cenetery Burial 24. FUNERAL DIRECTOR Andrew K. Coffnan Ha erstown, Laryland DARK VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06017 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY Washington o. STATE b. COUNTY Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Yrs 7 Mo. Keedysville Hagerstown popers. hin 72 ho d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Martin Manor Rest Home 50 S. Main St. YES T NO X 3 NAME OF First Middle DATE Year Doy DECEASED Clarence Washington Eakle April 9, 19 66 DEATH (Type or print) IF UNDER 1 YEAR | LIF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years ost birthdoy) Doys 11 Months Hours Dec. 28, 1880 Male DIVORCED White WIDOWED physicion and c 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even fretired)
Mail Carrier Postal U. S. A. Eakles Mill. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Washington Eakle Mary Cushwa IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Cheve Chase, Md. No. Gordon L. Eakle 3526 Woodbine Ave. Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) yd bangis DUE TO Conditions, if any, which gave rise to immediate couse (a), E severel DUE TO stating the underlying cause prior to O FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION use NO DA YES [ō 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (County) factory, street, office bldg , etc) Not While ot wark at wark 2). I certify that (I) (this hospital) attended the deceased fram 100 1, 1965, to 1966, that (I) (we) last saw the deceased glive an 1769, 9 1966, and that death accurred at 10 50 M, fram causes and an the date stated above. be retained saw the deceased alive an 17 kg 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. STAFF PHYS. 4-11-66 DIRECTOR M.D director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) Edward W. Ditto, III. M.D. W. Washington St., Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4- 12- 66 Keedysville. Md.
2So. REC'D BY REGISTRAR'S SI Fairview Cometery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)0 John H. Bast, Jr. 112 N. Main St. Boonsboro Md DAPR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



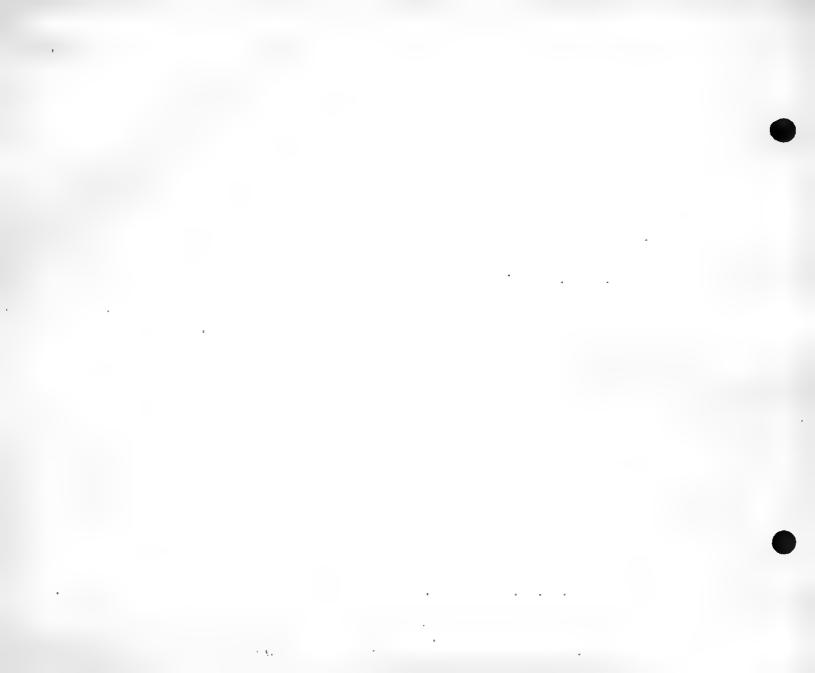
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06018 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death campletely filled in by the funeral and earban papers. Pages 1 and y gvent, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institut an Residence before admission) o. COUNTY O. STATE MARYLAND WASHINGTON MARYLAND WASHINGTON CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If gotside corporate limits, write RJRAL and give nearest town) HANCOCK HANCOCK YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? HOME. MAIN STREET W. MAIN STREET YES NO X NAME OF Middle 4 DATE First Lost Month Year Dov DECEASED OF DEATH 19 66 APRIL FLOYD WALLACE **EDMONDS** ent, (Type ar print) SEX 6 COLOR OR RACE 7. MARRIED X DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remave ast birthday) Months Days Hours MALE WHITE WIDOWED DIVORCED and in any 26/1905 pup 10a JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even 'fretired' STATE ROADS: E INDuSTRY COUNTRY? attending physician permit. Then please EQUIPMENT OPERATOR NORTH DAKOTA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, NOR AVAILABLE JOSEPHINE RICHARDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT SYKESVILLE, MD. (Yes, no, or unknown) (If yes give wor or dates of service signed by the atten burial-transit permi burial, crematian, a NO JAMES W. MC LEAN KOLORAMA AVENUE 18. CAUSE OF DEATH (Enter only one cause per uperfor (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. þ IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DIJE TO stoting the underlying couse attending TO FUNERAL DIRECTOR: After this certificate has been stached far use as the Dept. of Health priar ta Inst PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED? NO by the haspital ar PHYSICIAN: 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. factory, street, office blda..etc.) Not While While ot work ot work . 19____, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 6 3 shauld I with the S be retained and that death accurred at P M, fram couses and an the date stated above. saw the deceased alive on 226. DATE SIGNED 22a, SIGNATURE ATTENDING director, page 3 shauld be filed v M.D. **PHYS** DIRECTOR PHYS. 22d. ADDRE 22c. PHYSICIAN'S NAME (Type) Frank Thomas 23c. NAME OF CEMETERY OR OCEMANDIO 23d LOCATION (City or Town) 23g BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) HANCOCK. PETERS WASH. MARYLAND BURIAL 256. PEGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 2Sq. REC'D.BY REGISTRAR VR A15 (4) 20 M 1/66

7.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) delay 15 o COUNTY o STATE b. COUNTY Maryland ot death, Washington Washington MARYLAND b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. P 23 years Hagerstown rural Hagerstown d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, qive street oddress) d STREET ADDRESS S RESIDENCE Office olong with form Washington County Hospital in pencil in Item 18. Give Pages 000 Rd YES R NO ofter death. Stot NAME OF Middle Lost 4 DATE Year DECEASED Q) CHARLES WAYNE EVERLY April 19 66 within (Type or print) DEATH S SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthdoy) Months male white Sept. 2, WIDOWED DIVORCED T certificate should be executed within 24 hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) vending machine Hagerstown, Md. COUNTRY? ony pending" in pencil in ef Medical Exominer's servicing pages in ony 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles J. Everly File Mamie Boyce 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown] [(If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address or remayol. burial-tronsit permit Charles J. Everly Hagerstown, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY
MMED ATE CAUSE (o) Multiple f INTERVAL BETWEEN Multiple fractures of skull e, writing the word ' farworded to the Chi used os a burial-troi burial, cremation, o auto accident. DUE TO Conditions, if only, which gove (b) ase to immediate cause (a). DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate, NO X designated ogent, prior to director. Page 4 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Collision with truck 3/30/66 3 should PR MARY N or CONTRIBLE NG MESTCAL EXAMINER: CAUSE OF DEATH 20c TIME OF NJLRY Month Goy, Yeor Hour om 2 3/30/66 20d INJURY OCCURRED A (City or town) 20e PLACE OF INJURY (Home, form, (County) (Stote) foctory street office bldg, etc) Wash. Street Not While While of work Not While of work moy be retoined for your FUNERAL DIRECTOR: Poge W. Hagerstown Wash, Md. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection , Inquiry , and in my apintan death resulted from Accident, IX Natural causes Sorride Hamicide | Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY SEPUTY MEDICAL EXAMINER TO SEPUTY MEDICAL EXAMIN 5 **EXAMINER'S** Howard N. Weeks. M. 5 moy 10 FUNE NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. Gardens Hagerstown. Md. buria (Spec ty) 24 FUNERA, DIRECTOR VR A15ME (5) Minnich Funeral Home Hagerstown, Md. 6M 1/66



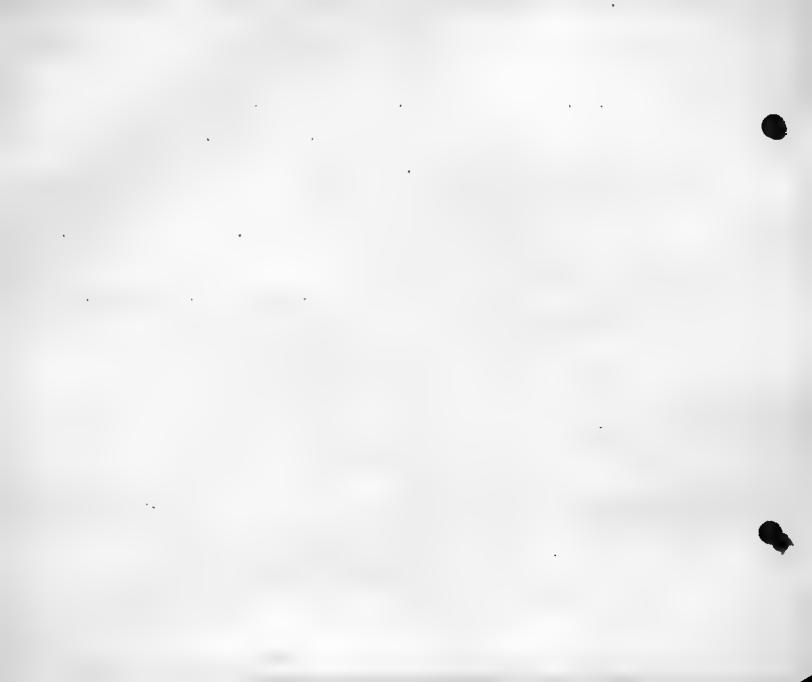
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o COUNTY 3 to Page o STATE b COUNTY * death. b CITY OR TOWN (If outside corporate I mits, "ashing ton MARYLAND delay r JENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup wate RURAL and give nearest town) Departm ofter (Hrs Funkstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, rs Office along with form hours Enmert Road 910 Air View Lotel NO T 24 hours ofter death. NAME OF Middle 4 DATE Lost Month Š 22 Dov Year DECEASED the within FRANCIS April 13 1966 ype or pnnt) COFFLAN DEATH with 7 MARRIED-9 AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS ost birthdoy) Months Doys Hours WIDOWED DIVORCED August white Lale event 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 10h KIND OF BUSTNESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) Retired COUNTRYS Hagerstown Wash Co Examiner s pages in any AUD Surveyor pencil 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Cofinan Walter S. Fahrney Frances File gnd 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address rd "pending" in Chief Medical E permit. (Yes, no, or unknown) (If yes give wor or dotes of service removal Miss Phyllis Fahrney 31 7. Frankin 214-16-1930 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) NTERVAL BETWEEN Hagerstown .d. PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Thrombotic Occlusion Of Right Coronary Artery Б e, writing the ward forwarded to the () crematian, DUE TO Conditions, if pny, which gove (b) Coronary Atherosclerosis, Moderate Several rise to immediate couse (a), DUE TO stoting the underlying couse vears 00 lost. burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, YES TO NO agent, prior to 20n EXTERNAL CALISE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port I or Port II of Item 18.) should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or fown) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page at wark of work designated 23 I certify that I taak charge of the remains described above, held on Autopsy Inspection [Inquiry ond in my opinion director. death resulted from Natural causes - 32 Accident Suicide -Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 11-111-65 DEPUTY MEDICAL EXAMINER (X) 10 **EXAMINER'S** 5 may to FUNE Heatth (Address (Street, city, town, or county Hagerstown. Md. NAME (Type) Ditto. E. 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREDE 23d LOCATION (City or Town) (County) (Stote) Hest Haven Cemetery 4/15/66 Hagerstown Wash Co 24. FUNERAL DIRECTOR Hagerstown 2So. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE Charles VR A15ME (5) 8 1966 Coffnan guneral Home Inc 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours Hagerstown 7 urs Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS IS RESIDENCE ON A FARM? Washington County Hospital Mitchell NO K within completely carbon NAME OF Last DATE DECEASED Alice Peister April Mary (Type or print) DEATH 19 66 and con 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months temale WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be COUNTRY? Own Home dousewite Waunesboro Pemna 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа ing pi Then atherine Wade attendin Kummel. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mitchell Hue. Ь (Yes, no, or unkown) [(If yes give war or dates of service) Mrs. Lelia Crouse cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Hemorrhage from bladder tumor days 236X DUE TO been Sir Conditions, If any, which (b) gave rise to Immediate 記書 DUE TO (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMED? arteriosclerosis YES X NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for te Dept. of H MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 1963 21. I certify that (!) (this hospital) attended the deceased from 66, 19 that (I) (we) !ast and that death occurred at 10: Moren-the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE O HOSPITAL OR ATTENDING PHYS. MED. DIRECTOR director, page should be filed FINISI PHYSICIAN'S 22d. ADDRESS 580 Northern NAME (Type) Weeks. M.D. Hŏward Hagerstown BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Cemeter daven 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Chanel 20M 1/65



CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) "Washington **b** COUNTY Maryland MARYLAND Washington b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) l vrs. Hagerstown, Maryland Hagerstown, Md. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION 212 W. Wilson Blvd. Washington County Hospital YES NOT 4. DATE OF DEATH NAME OF Middle Month DECEASED G. Fischer (Type or print) Mary April 1966 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF JNDER I YEAR IF UNDER 24 HRS. Months. Doys October 20, 1888 Female White WIDOWED TE DIVORCED | 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Md. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Harris McLain Brown 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Madeline A. Sands, 212 W. Wilson Blvd. Hagerstown No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 6 tren **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while ot work of work p. m. 21. I certify that (I) (this haspital) attended the deceased fram___ 1966, and that death accurred at AM, from the causes and an the date stated above saw the deceased alive an ._ 22a, SIGNATURE SIGNED M.D 22c PHYSICIAN S 22d ADDRESS NORTHERN HUE 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26023 CERTIFICATE OF DEATH 24 hours after death by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Washington MARYIAND Maryland Washington b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest fawn)
Hagerstown Life Hagerstown d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENCE ON A FARM? Washington County Hospital 1761 Jefferson Blvd. YES NO X requires that the death certificate be executed within NAME OF Middle Last DATE Month Year DECEASED 19 66 Elsie (Type or print) Amelia DEATH Gaver IF JINDER 1 YEAR 1 IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove last by that ay) Months Days Hours Nov. 9, 1899 WIDOWED DIVORCED Female White IDa USUA, OCCUPAT ON (Give kind of work done IDE. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life even if retired)

Factory Worker INDUSTRY COUNTRY? please Hosiery Mill Beaver Creek, Md. U. S. A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM ar removal, John Morrison Mary Stouffer IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Habrerstown, Md. 16 SOCIAL SECURITY NO (Yes ao, or unknown) (If yes give war ar dates of service) 214-09-3354 Mr. Charles G. Gaver, 1761 Jefferson Blvd. 1B. CAUSE OF DEATH (Enter only one cause per line fgr. (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause prior to O FUNERAL DIRECTOR: After this certificate has been 4 WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use NO F for 2Do ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work 19: (that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1. Co it is . 19 62 to 19 06, and that death accurred at 2 8, M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22d PHYSICIAN S NAME (Type) 1135 POTOMAC AVENUE HAG. MD. RICHARD BINFORD! director. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Boonsboro Cemetery 4- 12- 66 Boonsboro, Md. 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.



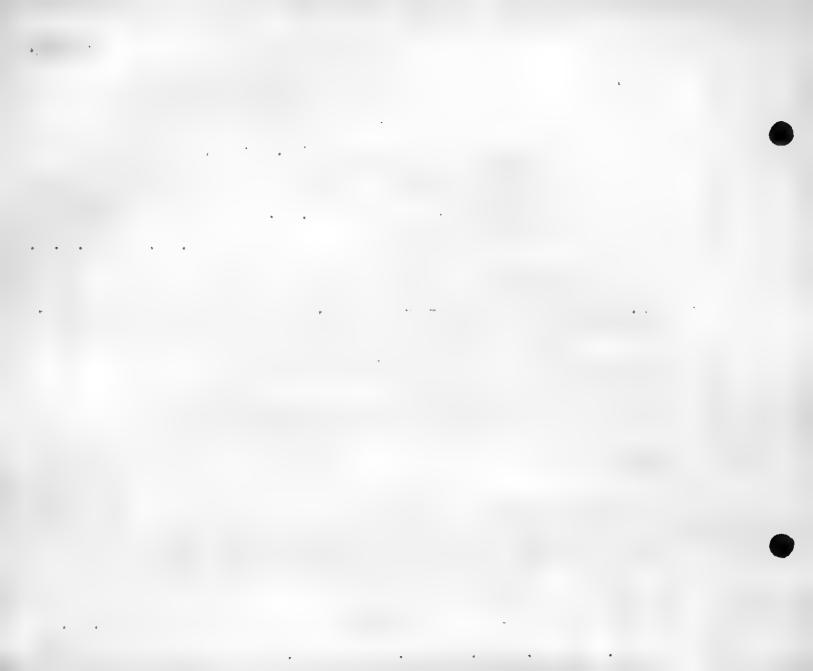
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06024 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death by the funeral Pages I and hours after dear 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Washington Maryland Washington MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside agregate limits, write RURAL and give negrest tawn) b CITY OR TOWN (If outside carparate mits, I campletely filled in by the mave carban papers. Page ny event, within 72 hours a wate RURAL and give negrest town)
Hagerstown 84 years Hagerstown d. STREET AOORESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Washington County Hospital 50 Buena Vista Ave. NO F 3. NAME OF Middle DATE Month Last Day DECEASED WALTER SCOTT GIBNEY April 1966 (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED 84 birthdoy) white May 8, 1881 mal e WIDOWED DIVORCED KINO OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT TGa USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) florist COUNTRY? Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Mary Hose Gibney the attending parties that 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. ar unknown) (If yes give wor ar dates of service 217-32-5520 Mrs. Florence White, Hag., Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c)) burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Carcinoma of the prostate with metastasts Possibly to the liver DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health CERTIFICATION YES X NO F fa 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While ot work be retained by 21. I certify that (I) (this haspital) attended the deceased from 2 , ta April 7 , 19 66 that (1) (we) last and that death accurred at 8 p. M, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 22a, SIGNATURE April 11,66 PHYS. , page 3 be filed 22d. ADDRESS 100 Professional Arts Bldg., 22c. PHYSICIAN'S Walter Layman, NAME (Type) Hagerstown, Maruland director, shauld b 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMAT ON REMOVAL (Specify) Hagerstown Md. 4/12/66 Rose Hill Cemetery 256 MISTRAR'S SIGNAPURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MINNICH FUNERAL HOME Hagerstown.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06025 CERTIFICATE OF DEATH filled in by the funeral in papers. Pages 1 and 2 rithin 72 hours after degree. requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE b. COUNTY a. COUNTY Washington MARYLAND Washington Maryland b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Boonsboro c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give negres) tawn) 2 Years Sharpsburg d. STREET ADDRESS ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Reeder Nursing Home 24 S. Hull St. YES NO TYP 3 NAME OF Middle DATE Don Year DECEASED 19 66 Elsie Griffith April 3, Mary Type of print DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys 19 Hours DIVORCED Dec. 14. 1884 Female White WIDOWED TX physicion ond hen please rem 13 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR during most of warking life, even if retired)
HOUSEWIFE UNDUSTRY Own Home COUNTRY? U. S. A. Shepherdstown, W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the ottending phy James Coffenberger Susan Flemming 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates af service) 5 214-54-0112 Mrs. Margaret Churchey, Sharpsburg, Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH Coronary insufficiency with IMMEDIATE CAUSE (a). physician. DUE TO congestive heart failure 1 month Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been as the prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) for use cerebral AS. of Health Asthma and asthmatic bronchitis. NO X 20a ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While at wark at work 2). I certify that (I) (this haspital) attended the deceased from 11ve yearspor, talore saw the deceased glive an 12rch 30 19 and that death accurred at ______ M. from co ., 19____, that (I) (we) last plnous M, fram causes and an the date stated above. saw the deceased alive an_ 22a.) SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M D PHYS. filed \ be filed 22d ADDRESSharpsburg, Md. 21782 22c. PHYSICIAN S Walter Shealy D. NAME (Type) director, should b 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL, CREMATION, (County) HMOVA (Specify) 4- 5- 66 Elmwood Cemetery Shepherdstown W. 250 RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Charles 1966 VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro Md. 20 M 1/66

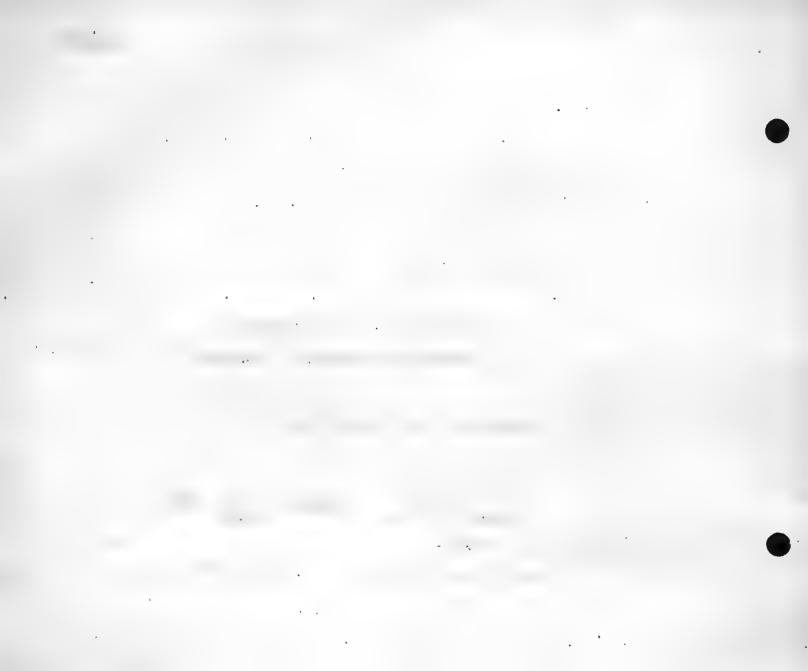
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Washington Washington MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 24 write RURAL and give neerast town) .5~ Hagerstown within Pages Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 629 North Locust Street Gateway Convalescent Home, Inc. papers. YES NO IX 3. NAME OF 4. DATE DECEASED within DEATH ADTIL (Type or print) 13 Robert 1966 Garland Haines carbon physician and o 6. COLOR OR RACE 7. MARRIED THE MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months April 5,1900 Male. WIDOWED | DIVORCED [remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Slets, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lita, even if retirad) Romney , W. Va. Aircraft employee Fairchild Aircraft USA attending pl .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wesley Haines Christina Cross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetes of service) the Mrs. Mary Roach Haines -Hagerstown, Maryland 236-14-7917 permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).) gned by INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTATE GARCINOMA TO BOOM 4 cremation, burial-transit affending has been si PARSHCHOCENIC -MECIMONIL Conditions, if any, which gave rise to immediata cause burial, DUE TO (e), stating the underlying the certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS 0 detached for use as CERTIFICATION prior PLEMENTER EMPLYS STAR - ARTERIOS CELLETTE COV DIESTRE - C STUDDE ARTERIOR LYES I NO 20a. ACC DENT WAS UNDERLYING IT 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) the After this OR CONTRIBLTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, ferm, 1 20f, (City or town) (County) fectory, street, office bldg., etc.) Hour e.m. While Not While DIRECTOR: el work at work 21. I certify that (I) (this hospital) attended the deceased from 17 FCB (MANY 1966, to 13 Agent, 1964, that (I) (we) last should saw the deceased alive on 1960, and that death occurred at M. from the causes and on the date stated above. 220. SIGNATURE death. Page 4 SIGNED HOSPITAL rector, page PHYS. DIRECTOR 1966 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 218 N. Potomac St. Hagerstown, Md. 21740 W. N. Fender, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) & Fig. REMOVAL (Specify) 4-16-1966 Rosedale Cemetery Martinsburg, Berkeley, W. Va. Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL: DIRECTOR'S SIGNATURE VR A15 (4) Brown Funeral Martinsburg, W. Va 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral The law requires that the death certificate be executed within 24 hours after death. and deat/ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after by the MARYLAND papers. Pages hin 72 hours afte b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hacer town Harers own ,5 filled i IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? within 14 Roessner 'oesiner Ave. No C YES and completely carbon 3. NAME DE DATE Month First Middle Last 4. Day DECEASED 19// (Type or print) Magama DEATH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 8. OATE OF BIRTH remove nany ev 7. MARRIED [] NEVER MARRIED [last birthday) | Months Davs Hours WIDOWED DIVORCED [attending physician a ermit. Then please re on. or removal, and ma 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY napp 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gilliam Kennedy Thelmina 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address has been signed by the attent as the burial-transit permit. prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h hed for use tt. of Health p PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached te Dept. c MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. the S TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 130 PM, from the causes and on the date stated above. saw the deceased alive on J DATE SIGNED 22a. SIGNATURE 22b. ATTENDING DIRECTOR PHYS M.D. PHYSICIAN'S ADDRESS 22c. 224. NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. 2 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š rentered c d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) papers. d. STREET ADDR filled IS RESIDENCE DN A FARM? within / 2/01 YES NO X erey executed within 3. Middle Year NAME DE DATE Month Day DECEASED DF 1966 (Type or print) DEATH 20 event DATE OF BIRTH AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED last birthday) Months Hours апу pue 80 WIDOWED . DIVORCED [77] .≘ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please o during most of working life, even if retired) and certificate removal, FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. or to burial, cremation, or death (Yes, no. or unkown) ((If yes nive war or dates of service) 92671, Carolina 6, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I, DEATH WAS CAUSED BY: cerebrail hemorrhag hours the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate DUE TO this certificate has been detached for use as the e Dept. of Health prior to cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Rheumatid arthritis YES Z-NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1206, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) a) Hour a.m. Should be dith the State While Not While 19 at work at work be retained op 1/20 1966, that (1) (we) last 21. I certify that (I) (this besoits) attended the deceased from 774 DIRECTOR: Jage 3 should 1966, and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on_ DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR director, page should be filed PHYS M.D. PHYS. 4 may O FUNERAL PHYSICIAN'S 22d. ADDRESS 4112 C NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23a. REMOVAL (Specify) Burial Wash. D. Olivert Cem. /66 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR I 25b. Ave, N. E. VR A15 (4) 15M 4-64

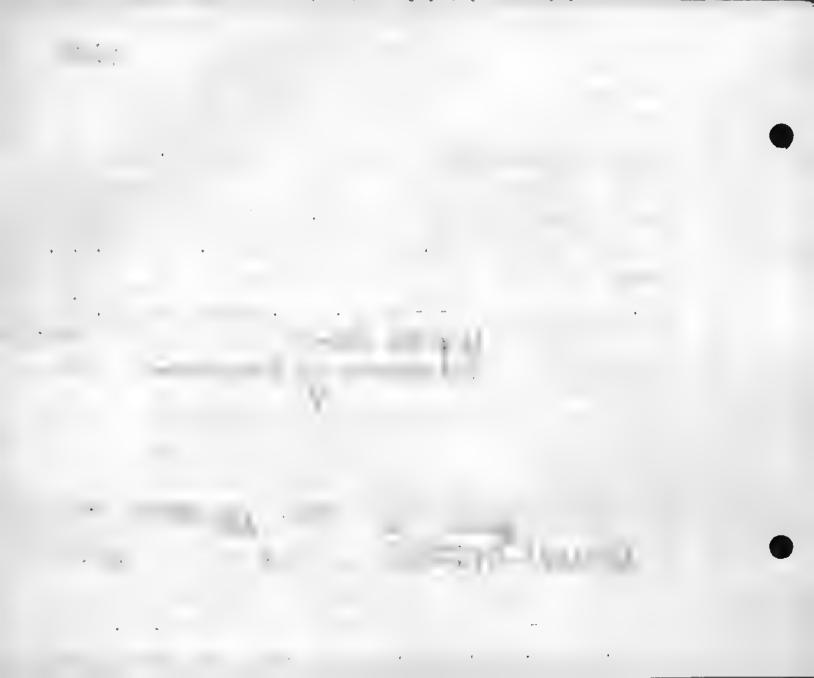
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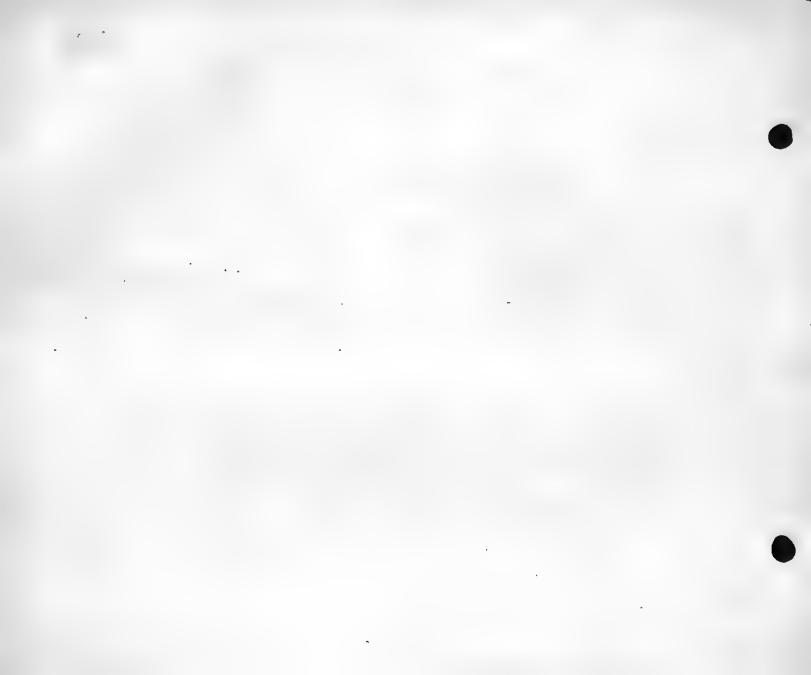
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april.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06029 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. CQUNTY Washington o. COUNTY Washington MARYLAND c CITY OR TOWN (If outside carporate firmts, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give neorest tawn) Hagerstown 30 Years Hagerstown IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 14 West Wilson Blvd. Washington County Hospital YES NO K 4 DATE Middle Month 3 NAME OF Year DECEASED 19 66 April 6, Grayson Elsworth Haupt DEATH (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH A COLOR OR RACE 7 MARRIED NEVER MARRIED please remave last birthdoy) Months 2 Days Hours WIDOWED * DIVORCED Jan. 30, 1910 Male White 10a US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Auto. **COUNTRY?** U. S. Middletown, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or remayal. the attending phys Maurices Houpt Anna Shank 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Md. (Yes na, ar unknown) (If yes give war ar dates of service) 214-10-4500 Mr. Gene A. Haupt 609 Summit Ave. Hagerstow crematian, 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paricella Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause tar use as the t Health priar to b TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) F CATION NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg. etc.) at work be retained by 21. I certify that (I) (this hospital) attended the deceased from_ M, from couses and on the date stated above. 19 6, and that death occurred at a saw the deceased alive on directar, page 3 sha shauld be filed with 22of SIGNATURE ATTENDING PHYS MED DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 418 N. Potomac St. Hagerstown Md Donald F Martin M.D 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION REMOVAL (Specify) 4- 9- 66 Boonsboro Cemetery Boonsboro, Md 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) (20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. AWO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Hours after Math. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLANO Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) hours HAGERSTOWN YRS. HAGERSTOWN .= papers. nin 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS a. IS RESIDENCE ON A FARM? executed within 24 within 931 OAK HILL AVENUE 931 OAK HILL AVENUE YES NO D completely carbon 3. NAME OF DATE Month Year **First** Middle Last 4. Day DECEASED APRIT. (Type or print) DEATH 66 CORA 19 ELEANOR AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX OATE OF BIRTH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthday) Months Days Hours AUR FEMALE WIDOWED Y OIVORGED: AUG. 15.1880 .5 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ä during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. HOMEMAKER OWN HOME BUFFALO MILLS PENNA. The law requires that the death certilicate F . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then HARMAN DOVORE ROSELLA MALSBERRY HAGERAHOWN. MARYLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or ru 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknwn) 1 (If yes nive war or dates of service) NO MRS. JOSEPHINE 22 BROADWAY SEIBERT NONE se as the burial-transit p prior to burial, cremating INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAM: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO] rolitie NO 20a. ACCIOENT WAS UNBERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert I or Part II of Item 18.) After this certified be detached for a State Dept. of P MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Oav. Year (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work O 19_____ that (I) (we) iast 21. I certify that (I) (this hospital) attended the deceased from 19 _. to. DIRECTOR: 3 sho saw the deceased alive on and that death occurred at _M, from the causes and on the date stated above. 22b. OATE SIGNEO 22a. SIGNATURE STAFF PHYS. ed ed ATTENDING X PHYS. OIRECTOR L Page 4 may E E FUNERAL PHYSICIAN'S 22d. AODRESS 22c. director, p should be f NAME (Type) JOHN C. STAUFFER PROSPECT ST. HAGERSTOWN MD 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. REMOVAL (Specify) 18/1 HAVEN CEMETERY ADORESS. 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR HAGERSTOWN MARYLAND VR AI5 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY A. STATE in by the fus.
S. Pages 1
hours after WASHINGTON WASHINGTON MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours HAGERSTOWN 2 Mos. HAGERSTOWN papers. in 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS 22 ON A FARM? WASHINGTON COUNTY HOSPITAL 855 MULBERRY AVE. YES ND N with within completely pou NAME OF OECEASED Flrst Middle Last DATE Month Day Year car (Type or print) DEATH APRIL. 24 66 19 NEISON N_M_N. HELLER death certificate be executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HR\$ DATE OF BIRTH last birthday) | Months | Days any and WIDOWED Y DIVORCED [MALE physician a n please re val, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and and RETIRED ENG. SUPERVISOR TELEPHONE CO. BUCKS CO. PENNSYLVANIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALLEN B. HELLER ALICE LANDIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SEGURITYNO, I HACIANDEYOWN WID. (Yes, no, or unkown) | (If yes give war or dates of service) signed by the att purial-transit perm purial, cremation, c 212-10-0611A NORMAN N. HELLER 115 JOHN STREET INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND BEATH PART I. DEATH WAS CAUSED BY: Hemorrhage from the upper intestinal tract by the hospital or attending physicial. approxima DUE TO 24 hours Neoplasm, probablu lumphosarcoma Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the as th Ulceration of the tumor underlying cause last. CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic diverticuttis of the colon: arteriosclerotic 19. WAS AUTOPSY certificate have bed for use a PERFORMED? NO heart disease. 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed f MEDICAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from Oct. 26 195 to April 24 1966, that (1) (we) last saw the deceased alive on 11 p.m. 4/239 66 and that death occurred at 2 a.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED O HOSPITAL OR / Page 4 may be r MED. DIRECTOR page ATTENDING PHYS. STAFF PHYS. o FUNERAL director, pa should be fil 22d. ADDRESS PHYSICIAN'S NAME (Type) WALTER LAYMAN PROFESSIONAL ARTS BG. HAGERSTOWN. MD. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Soecify) ROSE HILL CEMETERY HAGERSTOWN. MARYLAND - FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE HAGERSTOWN MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26032 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ond 2 death IIIy filled in by the funeral ban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington o. SIATE Maryland Washington MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 15 write RURAL and give nearest tawn) hin 72 haurs 2 Weeks Hagerstown Rural Fairplay d STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, a ve street address) Washington County Hospital Rfd. 1 YES NO X 3. NAME OF M.ddle First Last 4 DATE Month Doy Year DECEASED Lottie Ruth April 18, 19 66 (Type or print) Hennesy DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years FUNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths 8 Days 13 Hours Female White WIDOWED DIVORCED August 5,1892 rem 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWIFE NDUSTRY Own Home Rural Downsville, Md. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George A. Daugherty Mary Ann Bloom 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes na, orunknawn) (If yes give war or dates af service) Mr. J. Omer Hennesy Fairplay Rfd. 1, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (q), |b), and (c).) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying cause as the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) , lives NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate far 20a ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day Year Hour a.m. factory, street, office bldg., etc.) Not While at wark at wark 2). I certify that (1) (this haspital) attended the deceased fram____ . 19 66 ta 7 - 18 - 1956, that (1) (we) last saw the deceased alive on +- 18 -19 66, and that death accurred at 12 52 M, fram causes and an the date stated abave. 226. DATE SIGNED 22a, SIGNATURE ATTENDING director, page 3 shauld be filed v PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S ECONDARI BOON 1 Bo Ro NAME (Type) 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 4- 21- 66 Green Lawn Cemeterv Williamsport John H. Bast, Jr. 112 N. Main St. Boonsboro, Md Dan R 25 196 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH	o f	1030	<u> </u>
1.	1. PLACE OF DEATH a. COUNTY a. STATE a. STATE a. STATE			admissio
	b. CITY OR TOWN (if outside corporate limits, write write RURAL and give necrest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)	RURAL and giv	e neerest to	wn)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	^	1 /	SECIDEN
	a tever Convilescent Fore Inc. 107 3. Vermont St.		ON	RESIDEN
3.	3. NAME OF First Models Last A DETP Month	De	17 17 17] NO [
	DECEASED			166
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your			- T
	To a loss brindey;	Months Days		Min
10	1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country)	12, CITIZEN	OF WHAT	COUNT
d	done during most of working life, even if retired) Silk !!ill Nary and	U.S		
13	13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME	1 0.0	-	
	7 7			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive-werordeless afservice) 216-10-9318 Ers. Lithel Herbert 411 [18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), and (c).]	1 4 4 5 4 4	MG NTERVAL B	ETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CZCEDOO. VASCULTO 1 1600 m 0005 15		ONSET AND	DEATH
	FIFEX DUE TO		Y 72.	
	Conditions, if any, which by the particular to the course of the course		. 18.	
	(e), steting the underlying DUE TO		باري	
_	COURS LOS (c) PRET EN O SCULLO S 15 CONTRIBUTION SONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	IN IN DART 1(a)		
CATION	FACT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION OF THE	11 114 1 201 1/0/	YES	NO
CERTIFICATION				
MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) fectory, street, office bldg., etc.) Hour e.m. 19 et work et work	(County)		(Stete)
	21. I certify that (I) (this hospital) attended the deceased from 19. F.50			
	saw the deceased alive on 19.00, and that death occurred at	and on the		b. DA
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2	1	ŞIC
	22c. PHYSICIANS NAME (Type) WN FENDER 22d. ADDRESS 218 N. POTOMAC ST. HACS	E-CATO-	w.	٠
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)			(Stelle)
23	131 Abril 2'-66 Biverview Comptony VIIII3MSDO	re i Jr	12 3330	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ZSa. REC'D BY REGISTRAR 256. REC	-4 CF 2 C-1		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06034 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. filled in by the funeral n papers Poges I and 2 ithin 72 hours after death, 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b (1TY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h 50 years Hagerstown Hagerstown
d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? Garlock Con. Hospital 431 Mechanic St. YES NO [NAME OF Middle 4. DATE Year DECEASED OF DEATH April FLORENCE HARRETT HICKS 19 66 (Type or print) S SEX 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED remove ost birthdoy) f emale white Sept. 19.1889 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during mask of working life, even wiretred) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? home Hancock, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Shoemaker Weller IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown] [(If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17. INFORMANT signed by the ottendir buriol-transit permit. Dr. Arthur Kiracofe Wash. D. none 1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN intumenia-IMMEDIATE CAUSE (o) _ DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/o) PERFORMED? NO YES | 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Not While of work 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF John H. Homa Caler M.D. 154 West Washington St. 22d. ADDRESS 22c PHYSICIAN S John H. Hornbaker, M.D. NAME (Type) Hagerstown, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d, LOCATION (City or Town) (County) Washington Co. Md. 4/7/66 St. Paul"s Cemetery 24 FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Minules Judge VR A15 (4) MINNICH FUNERAL HOME APR Hagestown, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06035 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) deat 1. PLACE OF DEATH a COUNTY Washington a STATE COUNTY Washington MARYLAND Maryland b CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate fimils, write RURA, and give negrest town) c LENGTH OF STAY IN 1h Rural Knoxville Rfd. 1 3 Months Boonsboro e IS RESIDENCE ON A FARM? d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Reeder Nursing Home YES NO TY 3 NAME OF Middle 4 DATE Month Day Lost Year DECEASED OF April 22. (Type or print) George William Holmes DEATH IF JNDER 24 HRS AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Manths Dovs Hours WIDOWED DIVORCED Male White April 14.1877 12. CITIZEN OF WHAT 1Do USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)

Farmer & Lumberman INDUSTRY COUNTRY? U. S. Farming Frederick Co. Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William S. Holmes Marv E. Fauble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Mabel Haller, Knoxville Rfd. 1, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (2), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 1500 DUE TO 5 artero - Ilevas Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nse YES T NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While foctary, street, affice bldg., etc.) of wark 21. I certify that (I) (this haspital) attended the deceased fram 14 t 11, 19 saw the deceased alive an 122 - 1956, and that death occurred at . 1960. to 4 - 22 . 19 6% that (I) (we) last be retained director, page 3 shauld shauld be filed with the P M, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE_ (ATTENDING M.D. PHYS. DIRECTOR ADDRESS ONS SECONDARI JOSEPH To Ro M Cl NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION. REMOVAL (Specify)
Burial Burkittsville Cemetery 4- 25- 66 Burkitteville Md.
EGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. APR 26 VR A15 (4) (1) 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06036 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death pup death 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. COUNTY n. STATE b. COUNTY Washington Maryl and Washington MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
rural Boonsboro c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) months Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Fahrney Keedy Home 220 N. Locust St. YES NO [3. NAME OF Middle 4 DATE First Lost Month Year Day DECEASED PAULINE HARSHMAN HOLSTNGRR April 66 6 (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS NEVER MARRIED 7. MARRIED 66 birthdoy) Manths Days Hours female white WIDOWED DIVORCED July 20,1899 100 USUA, OCCUPAT ON (Give kind of work done TOP KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT housiness offic please during most of working life, even if retired) COUNTRY? attending physician sermit. Then please Hagerstown, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Edward L. Smith Cora Wolfe 16 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED TO NEED TO SERVICE 213-18-9350 þ no Mytle L. Harmison Hagerstown. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DHE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stoting the underlying couse has been the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe NO Z certificate far 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) TO FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) Not While 2). I certify that (I) (a) is a attended the deceased fram 1 - 2 4 1966 that (1) (440) last be retained CM, fram causes and on the date stated above. , and that death occurred at saw the deceased alive and 22b DATE SIGNED 220. #IGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 998 Potomac Avenue, Hagerstown, Md Dalton M. Welty directar, shauld b 23a BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) REMOVAL (Specify) Rest Haven Cemetery | 25d, REC'D BY REGISTRAR Hagerstown Md. 4/9/66 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME Hagerstown Md. 20 M 1/66



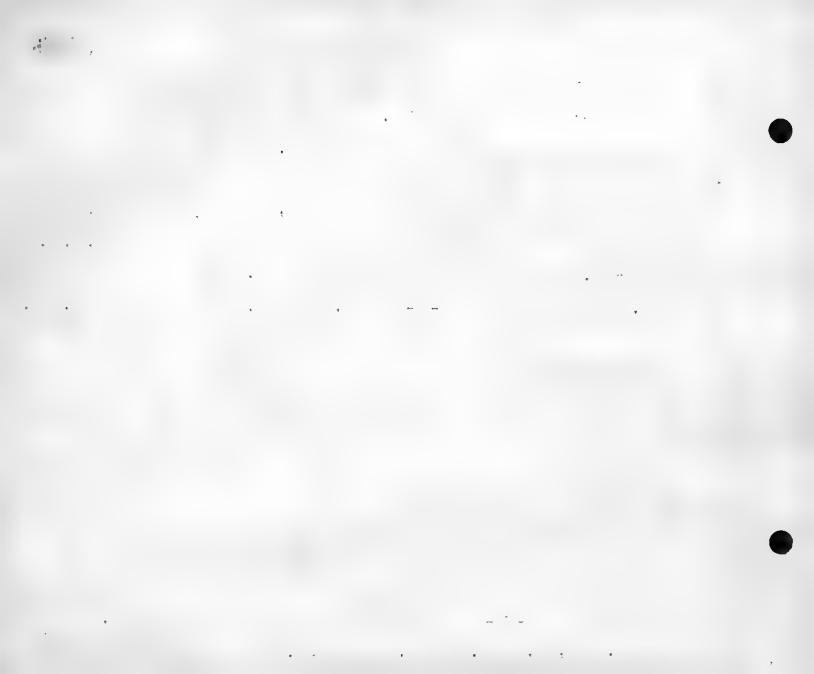
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence hefore admission) a. COUNTY b. COUNTY MARYLANO C. LENGTH OF STAY IN 15 C. CITY OR TOWN (If outside corporate limits/ write RURAL and give nearest town) hours d. STREET e. IS RESIDENCE filled INSTITUTION (if not in hospital, give street address) within 72 ON A FARM? No AT YES completely 1 age carbon p executed within NAME OF DECEASED Month Oav 3. DATE Middle Last OF DEATH 1966 (Type or print) 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. NEVER MARRIED 7. MARRIED last birthday) Months I and c WIDOWED DIVORCED 105. KIND OF BUSINESS OR nding physician a Then please re removal, and in-10a. USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be ost of working life, even if retired) FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT transit permit. 16. SOCIAL SECURITY NO. Addres (Yes, no, w upkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by 1 cerebral Cerebral thrombosis due to PART I, DEATH WAS CAUSED BY: the hospital or attending physician. nospital or accommon signer scrifticate has been signer for use as the burial-tra arteriosclerosis DUE TO Indefinite Hypertensive cardiovascular disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, (C) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. No JC YES . OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached 3 should be detache with the State Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Hour a.m While Not While be retained by at work at work April May 65 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: Irector, page 3 should 19 66 saw the deceased alive on April Ma from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. page MED. ATTENDING PHYS. Page 4 may 1 M.D. 22d. ADDRESS PHYSICIAN'S Washington Street NAME (Type) B director, p should be f Kneisley. M.D Hagerstown Maryland (State) LOCATION (City, town or county) 23ac BURIAL, CREMATION, 23b. D BY REGISTRAR FUNERAL DIRECTOR 25a. 25b. 1966 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06038 requires that the death certificate be executed within 24 hours after death dud PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) filled in by the funeral popers Pages I, and (OUNTY Washington o. STATE
Marvland **b.** COUNTY MARYLAND Washington b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 Hrs. Hagerstown Boonsboro d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Washington County Hospital Rfd. 1 NO X YES NAME OF Middle Last 4. DATE Day Year First completely DECEASED Huffer April Wanda Lee 14. (Type or print) DEATH OVE BE IF UNDER I YEAR | IF UNDER 24 HRS 8 DATE OF BIRTH AGE (n years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Hours June 3, 1935 du White WIDOWED. DIVORCED Female rem physicion and 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of warking life, even if retired)
Housewife NDUSTRY COUNTRY? Gapland, Maryland Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grace V. Crowl Edward L. Oakes 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (Iff yes give wor ar dates of service) Mr. Delbert M. Huffer Boonsboro, Rfd.1 Md. No. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) buriol-transit p ONSET AND DEATH ATEUD Carcilloller PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? far use NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of stem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) Hour a.m. Not While at work be retoined by 21. I certify that (I) (this hospital) attended the deceased fram T-1, 1960, to T-14, 1966, that (I) (we) last saw the deceased alive an 1966, and that death occurred at 100 M, fram causes and an the date stated above , 19 66, that (I) (we) last 22b. DATE SIGNED 22o, SIGNATURE ATTENDING MED. Director M D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SECONDARI BOONSISTRO NAME (Type) director, should b 23d. LOCATION (City or Yown) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Boonsboro, Md. 4- 17- 66 Boonsboro Cemetery 2So. RECD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro Md DAPR 20 M 1/66



1(pA)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	DVI AND
F. 22.	06039 CERTIFICATE OF DEATH	6036
iter death. he funeral s 1 and 2 iter death	1. PLACE OF OEATH a. COUNTY Washington MARYLAND b. CITY OF TOWN (If published expected limits to LENCH OE NAVADA)	•
n 24 hours after death y filled in by the funeral papers. Pages 1 and 2 hin 72 hours after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and Rural - Hagerstown) G. STREET ADDRESS	e. IS RESIDENCE
- 0.2	* Washington County Hospital Hagerstown RD2	ON A FARM? YES NO
uted within 2 completely fil	GEGEASE GEORGE MARTIN KEENER OF A DOCT 20	Day Year 1966
mecuted within and completely remove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWEO DIVORCEO 12/22/1911 9. AGE (in years lifunoer 1y Months) On Months	
ficate be executed physician and com en please remove to oval, and in any eve	10a. USUAL OCCUPATION (Give kind of work done look. KINO OF BUSINESS OR during most of working life, even if retired) Dairy Owner and Operator 11. BIRTHPLACE (County & State, or foreign country) COUNTY COUNTY COUNTY 13. FATHER'S NAME	ZEN OF WHAT NTRY?
certifica ding pl Then remova	Aaron D. Keener Anna H. Martin	
e death certific the attending p it permit. Then nation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT RELIEF Address (Yes, no, or unknown) (If yes give war or dates of service) 215-36-7094 Ms. Eather Receive Hagers town	RD2,Md.
hat the deal ician. led by the al transit perr i, cremation.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
requires t ding phys been sign the bur a	Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Attract Light Ligh	8.402
The lor a sate use salth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED? YES NO
CIAN Spirit certing		
NG P by t ffer be d State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	y) (State)
ATTENDIN retained l CTOR: Aff i should b	21. I certify that (I) (this hospital) attended the deceased from January 50, 19 66 to 1400 341966 saw the deceased alive on 15019 66, and that death occurred at 5.40M, from the causes and on the 22a, SIGNATURE 122b. OATE	., that (I) (we) las date stated above E SIGNED
OR DIRE	Educis Mundy M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 122d. ADDRESS	466
O HOSPITAL Page 4 may O FUNERAL director, pa	NAME (Type) Edson B. Moody Hagerstown, Md.	y) (State)
五	Benoval (Specify) 5/3/66 Reiff Church Cem. 236. Location (city, town of country of Church Cem. Cearfoss, Md. 24. EUNERAL RECTOR 256. REGISTRAR'S S	
VR AI5 (4) 120M 1/65	a.E. Minnich - Greencastle, Ja. MAY 2 1966 golovles	Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 deeth: death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d b. COUNTY after YUashing Ton YUES MARYLAND 1491771 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MarTinsburg e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 311 LiberTu Street AniTAYIUM YES NO etely pour 3. NAME OF Month Last DATE Day Year Middle DECEASED OF event. Ke Ça. Plinger DEATH (Type or print) Walter 1966 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS ease Temove 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours any Male WIDOWED DepTember DIVORCED YES. 3 .5 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT E S during most of working life, even if retired) COUNTRY? INDUSTRY and TLSA. physical plea FATHER'S NAME DayTinsburg. certificate MOTHER'S MAIDEN NAME attending phy srmit. Then p n. or removal, MAYU A. MATTIY 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT MANTINS 16. SOCIAL SECURITY NO. Address the attent death (Yes. no. or unkown) | (If yes give war or dates of service) 15484 cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit burial, cram ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which pe≡u gave rise to immediate the state DUE TO cause (a), stating the prior underlying cause last. 83 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health this certificate for use defacted for use to Dept. of Health PERFORMED? NO 🔀 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc. Hour a.m. While Not While at work p.m. 19 at work retained 0 5. to. 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the P.M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page MED. STAFF M.D. PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL director, p NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Cemetery Rosedale Martinsburg West Burial REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1-1-5 174774 200000pt VR A15 (4) 20M 1/65



A .	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	ひじゅうり
V1 <u> </u> _	06041 CERTIFICATE OF DEATH	1003N
1.	PLACE OF DEATH • COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL and	n
_	write RURAL end give nearest lown) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	a. IS RESIDENCE
3.	Martin Manor Rest Home Va. Ave.	VES NOT
		£ 19 66
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Feb. 2, 1871 9. AGE (In years lest birthdey) 18. DATE OF BIRTH Feb. 2, 1871 9. AGE (In years lest birthdey) 95 yrs. Menths D	YEAR IF UNDER 24 HRS.
d	done during most of working life, even if retired) House wife Chewsville Md.	ZEN OF WHAT COUNTRY
13	13. FATHER'S NAME	
	Daniel Bachtell Barbra Coss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice) no Mrs. Charlotte P KinnaBox #18 Cheriot. Cause of Death [Enter only one cause per line for [e], [b], end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e] Congestive heart failure	WSVILLE Md. INTERVAL BĒTWEEN ONSET AND DEATH 24 hours
NOL	Conditions, if any, which gove rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMEDY
CERTIFICA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED lEnter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X
MFDICAL		
	21. I certify that (I) (this hospital) attended the deceased from 11-9 1954, to 4-6 1966, and that death occurred at 545M, from the causes and on the	e date stated ebove.
	22e, SIGNATURE Charles Gr. Janes M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC	22b. DATE SIGNE 4-7-66
-	NAME (Type) Charles F. Hess, M.D. Smith sburg, Maryland 2178 230. BURIAL, CREMATION 23d. LOCATION (City, lown or country)	
_	REMOVAL (Specify) Buril April 8,66 Smithsburg Luthera Smithsburg 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Md.
	Minnich Funeral Home Smithsburg Md. DAPR 1 1 1968 ACharle	Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 96042 CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Washington by the Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers, re-.5 Hagerstown min Cavetown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? event, within 72 Washington Co. Hospital YES NO TO within and completely 3. NAME OF Middle Last DATE Month Day Year DECEASED S. Engler 1966 (Type or print) Kipe DEATH April 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIEO [remove in any WIDOWED X Male DIVORCED [March li 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician ease during most of working life, even if retired) INDUSTRY and U.S.A. Carroll Co. Md. Carpenter Cavetown Planing Mill ã 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Samuel A. Kipe Martha Gallion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT the attendit permit. 16. SOCIAL SECURITY NO. Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Harry Lewis Cavetown. Md. cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Š PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 2 hours burial-t burial, Hypertensive cardiovascular disease Conditions, If any, which vears gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO F YES I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this MEDICAL | 20e. PLACE OF INJURY (Home, farm, | factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work p.m. 1955 DIRECTOR: A age 3 should led with the \$ 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at8:45M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. OIRECTOR PHYS. 4-6-66 HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS 22c. 22d. director, p NAME (Type) Charles F. Hess. M.D. Smithsburg, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Cemetery 23a. Frederick FUNERAL OIRECTOR REC'D BY REGISTRAR (4) VR A15 Wavnesbore. Penna. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages 1 and sevent, within 72 hours after death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Washington
b. City OR Town (if outside corporate limits, write RURAL and give nearest town) Maryland Washington MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Spring IS RESIDENCE ON A FARM? θ. NO. Washington Co. Hospital YES executed within NAME OF Year Middie DATE Month DECEASED DEATH (Type or print) Miller April 19 Elizebeth Lesher physician and comen please remove conversity and an and any even 5. SEX 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours 1 26 12. CITIZEN OF WHAT WIDOWED II DIVORCED Formale White WI

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. INDUSTRY COUNTRY? House Work U.S Clear Spring Duties Home has been signed by the attending phas the burial-transit permit. Then prior to burial, cremation, or removal Edward Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no., or unknown) ((fyes give war or dates of service) Catherine Miller 16, SOCIAL SECURITY NO. 17. INFORMAN W. Harold Lesher. Clear Spring, Md. None INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion with myocardial infarction 2 days 0 DUE TO Hypertensive Heart Dissease 6 vears Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the cause underlying cause last TO HOSPITAL OF ATTENDING PHYSICIAN: 1.18 14W Page 4 may be retained by the hospital or attent TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None NXX YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work b.m. April March 17 14 1966 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a 10:35 M. From the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. April 16, 1966 ATTENDING PHYS. STAFF PHYS. DIRECTOR _ M.D. 22c. PHYSICIAN'S 22d. ADDRESS 5 Archie Robert Cohen, M.D. pring, Maryland Clear NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF Rose Hill Cemetery Spring, Clear FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 24. Clear Spring, VR A15 (4) Charles 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ily filled in by the funeral oan papers. Pages I and within 72 haurs after death 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) PLACE OF DEATH o. COUNTY Washington MARYLAND Washington b. CIY OR TOWN (If outside corporate 1 mits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 16 Yrs. Hageratown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Garlock Convalescent Hospital Jefferson Blvd NO T 3 NAME OF Middle DATE Doy Year DECEASED April 4. 19 66 Maude Elizabeth Leslie DEATH (Type or print) S SEX 9. AGE (In veors IF UNDER LYEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED 89 vis Months Hours White Female WIDOWED X DIVORCED Sept. 15. 1876 and in an and 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working fe, even if retired) Own Home COUNTRY? please Bristoria, Greene Co., Pa. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James D. Rohm Anna M. Robb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Hagerstown, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Cyrus E. Leslie 2408 Jefferson Blvd. 216-54-7964 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY λq IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO <u>f</u> 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from 19 to 11/4 1966, and that death accurred at 830 _M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE DATE SIGNED DIRECTOR M.D. director, page shauld be filed TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) enning. 230 BURIAL, CREMATION, 23b. QATE THEREOF 23c. NAME OF/CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4- 6- 66 Rohrérsville Cemetery Rohrersville, Md 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Melaneles VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. Das 20 M 1/66 ,

MARYLAND STATE DEPARTMENT OF HEALTH



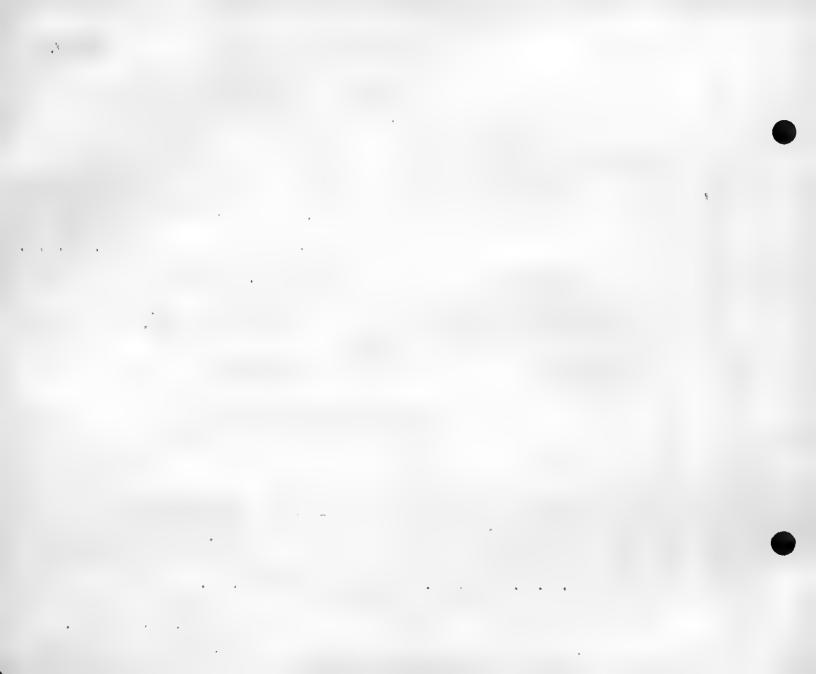
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If Institution: Residence before admission) 4. COUNTY b. COUNTY Washington MARYLAND Maryland Maryland Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and prive nearest town) b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown Hagerstown within Weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital YES NO 4. DATE Year DECEASED Roger Samuel Lidie (Type or print) DEATH April 11 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) May 17, certificate WIDOWED A DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Frederick. Co. Painter Employed please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carlean M. Biggs Samuel Lidie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (Ifyesgivewarordatesofservice) Mrs. Carlean A. Stoner Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 6120. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immadiate cause **DUE TO** (a), stating the underlying TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 98 PERFORMED? prior 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY 1 20d, INJURY OCCURRED . Month, Doy, Year 20a, PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) factory, streat, office bldg,, etc.) While Not While et work Cl. Cl., 19, that (I) (we) last 19626 .1964..., and that death occurred 23 P.M., from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE ATTENDING death, Page 4 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed w NAME (Type) 23a, BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) O F REMOVAL (Spacify) Buria U.B. Cemetery Thurmont Fredk. Co. 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Phurmont 20M S-63



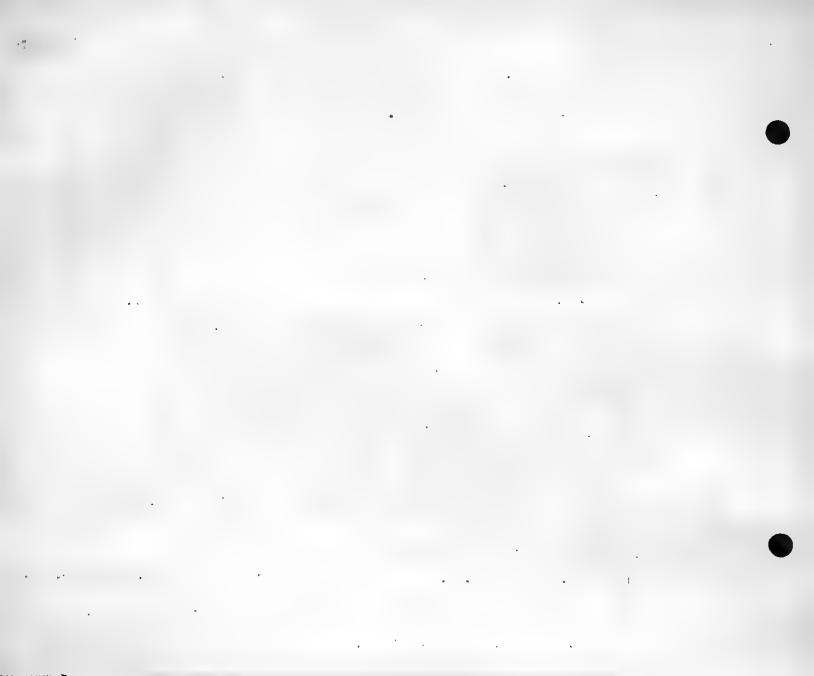
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06046 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and burial, cremation, or remaval, and in <u>any</u> event, within 72 haurs after deat 1. PLACE OF DEATH a. COUNTY shington ishington MARYLAND b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Davs Hagerstown d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO X "ashington Cou ty Hospital E.st Avenue 3. NAME OF DATE Month DECEASED
(Type or print) I. OUELLA April 1966 DEATH 9. AGE (in years JE UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED ACA **NEVER MARRIED** B. DATE OF BIRTH last birthday) Months DIVORCED On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) industry non.e COUNTRY? Hag. Wash. Co. ..d. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter Myers Mary Alice Munnert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war at dates of service) 220-26-Carroll W. LLoyd 137 East nageratown, marviand INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Metastasis, pleural -5 yrs, cerebral -3months, Page 4 may be retained by the haspital ar attending physician. Conditions, if any, which gove (b) Intraductal carcinoma 13 vrs rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Terminal pneumonia NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or fown) (County) (State) TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice blda, etc.) at wark at work 21. I certify that (I) (this hospital) attended the deceased fram Lanch 30 , 19 66, ta April 1 , 186, that (I) (we) last saw the deceased alive on April 1966, and that death accurred at 8:25M, from causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE April 2, 1966 M.D DIRECTOR director, page 3 shauld be filed v 22d ADDRESS 5 Public 22 PHYSICIAN'S Square NAME (Type) Villiam Hagerstown, Maryland Layman, M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Rose Hill Cametery 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66 1966 Andrew K. Collhan Harerstown.



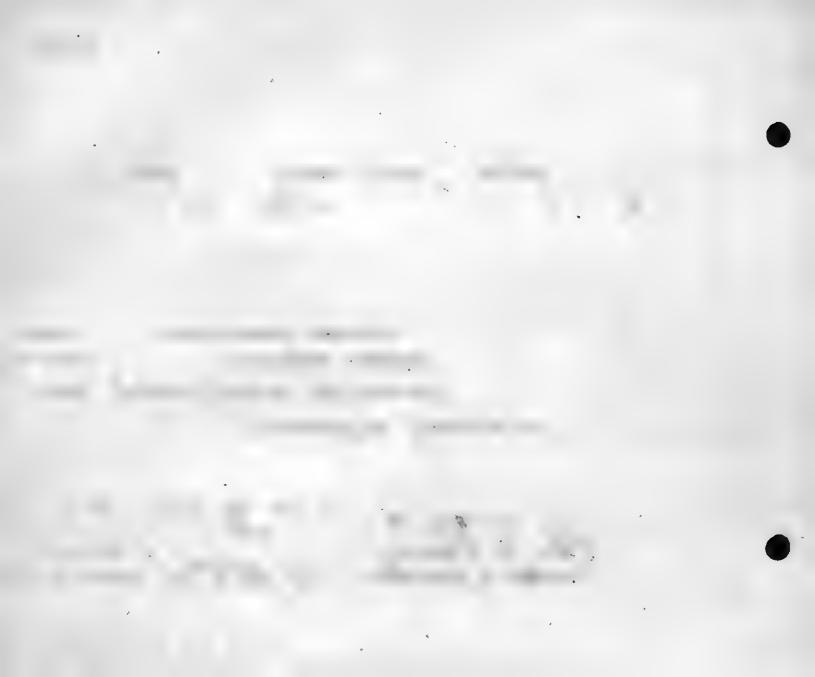
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06047 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. attending physician and completely filled in by the funeral activities. Pages 1 and 2 permit. Then please replace Cochan papers. Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Marvland ashington ash ngton b. CITY OR TOWN (I autside carparate limits, C LENGTH OF STAY IN 36 c CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest lawn) 3 Hours Hagerstown d STREET ADDRESS 6 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 5 Cedar Crest Avenue YES NO K 3 NAME OF 4. DATE First Lost Day Year DECEASED OF DEATH April 35 1966 RGARET ONG (Type or print) AGE (n years last birthday) IF UNDER 1 YEAR 1 IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED Months Davs Hours DIVORCED WIDOWED Fenale 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 1Dg USUA, OCCUPAT ON (Give kind of work done Own Home COUNTRY? during most of working life, even if retired) Hagerstown, Wash 13. FATHER'S NAME Harlan Edgar McDade Loutie F. Hershev is. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECTIBITY NO. 17. INFORMANT 218-30-9164 Mrs. Jane Sprague 3310 Ailsa burial, cremation, Baltimore L., Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Cerebral Thrombosis hours TO HOSPITAL OR ATTENDING PRISINGER OF STRENGING Physician. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, createnally be filed with the State Dept. Conditions, if any, which gave (b) Hypertensive Cardio Vascular Disease Several years rise to immediate couse (a), DUE TO stating the underlying couse last. 19 WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg , etc.) Nat While at wark at work , 19.66 , to 11-25-. 19.66, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram____ 11-25-1966, and that death accurred at 6:30 M, fram causes and an the date stated above saw the deceased alive an 11-25= 22b DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS 11-25-66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Hagerstown. Md. E. W. Ditto Jr. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION, Burial Burial Cedar Lawn Cenetery 4/28/66 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Cofinian H Berstown, Laryland DATE APR 29 VR A15 (4) 20 M 1/66



	1 7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN						
,e4	1604	06048 CERTIFICATE OF DEATH	06045					
death.	funeral and/2 death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	Residence before admissio					
after	e - e	TURShingle N MARYLAND MARYLAND MARYLAND	hingTels					
73 8	by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) CUILIANS COST TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town					
hours	r filled in by papers. Pag hin 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC ON A FARM?					
	Bag Hyo	Williamsport Spritarium 135 DA/e St.	YES NO.					
executed within	rigen p	3. NAME DF DECEASED First Middle Last 4. DATE Month DF DECEASED (Type or print) MATU FINDER LOSS DEATH RP1/ 18	Day Year					
ted (event event	5. SEX 6. COLOR OR RACE / 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER						
xecu	D A	Femele White WIDOWED DIVORCED Aug 31, 1878 87 yrs. Months	Days Hours Min					
9		during most of working life, even if retired) INDUSTRY	ITIZEN OF WHAT					
certificate be		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Uno. H.					
i i i	attending phy ermit. Then p n, or removal,	DAKE Loveless Barbara Loveless						
8 -5	ttend nit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	1 7/ 00					
death	a 5.5	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL RETWEEN					
requires that the	prosections in signed by the attence burial-transit permit. burial, cramation, or re-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Of To alleding Cause	ONSET AND DEATH					
that	been signed by the burial-transi	DUE TO	0					
uires	S pari	Conditions, If any, which gave rise to Immediate (b)						
v red	attending prostored to bas been signed the burial-trail the prior to burial, cre	cause (a), stating the DUE TO underlying cause last. (c)						
e law	ificate has for use as Health pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INFORY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?					
	certificate hed for use t. of Health	203. ACCIDEND WAS UNDERLYING [] 20b. DESCRIBE HOW INTORY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18	YES NO					
CIAI	this certification of H	20a. ACCIDENTWAS UNDERLYING (20b. DESCRIBE HOW INTURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)						
PHYSICIAN:	the magner to this certification of the Dept. of the	factory street office bldg atc)	unty) (State)					
	Star							
ATTENDING	OR: A	21. I certify that (I) (this hospital) attended the deceased from 2000, 19 to 19 to 19 saw the deceased alive on 19 saw the 19 saw the deceased alive on 19 saw the	, that (I) (we) la the date stated abov					
OR AT	IRECTOR: After by IRECTOR: After Standard be sed with the sed with th		DATE SIGNED					
	page file	M.D. PHYS. DIRECTOR PHYS.						
TIAS	FUNERAL I	T SIGNED (Turne)	STOWN, MD.					
TO HOSPITAL	Tage 4 flag be retained TO FURERI DIRECTOR. A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)					
F	P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE					
	A15 (4)	APR 2 2 1966 galanta	Judge.					
20/	W 1/65	V-	7/					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Marylandb. COUNTY a. STATE Allegany Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ on papers. Pag within 72 hours Harerstown 4 months Cumberland .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Western Maryl nd State Hosmital 21 West First NO Z completely ve carbon p executed within 3. NAME DE Last DATE Mon th Day DECEASED HENRU (Type or print) 196C DEATH 5. SEX 6. COLOR OR RACE emove DATE OF ARTH 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR physician and physician and physician pleased 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Cumberland, Md. Retired Brakemann Railroad USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova John H. Maffley Anna Marie Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Acnes Maffley, Cumberland, Md. the been signed by the the burial-transit p or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH that the PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. 2 Wet IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. After this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? DEILMONDA NO M YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o to MEDICAL 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. page ATTENDING PHYS. MED. DIRECTOR PHYSICIAN'S 22c. director, p should be i **ADDRESS** BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cumberland, Md. -1966 Mary's Cemetery 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE James F. Scarrelli, Cumberland, Md. VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2, USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) I. PLACE OF DEATH a. COUNTY b. COUNTY Machiniton larvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) nagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta., give street address d STREET ADDRESS IS RESIDENCE ON A FARM? County Hos it.1 DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED K KNEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months, Deys Hours WIDOWED 12. CITIZEN OF WHAT COUNTRY? 1 10b KIND OF BUSINESS OR INDUSTRY 11 BIRT (PLACE (County & State or foreign country) done during most of working life, even if retired) en Holes Ru sia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Borth Kristal Etta Kanlan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) \ (Ifyesgive war or detes of service Sanuel S. Mansh 1132 Hamiliton Blvd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Hagerstown, Maryland ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (6) Cerebral embolism DUE TO arteriosclerotic cardiovascular disease Years geva rise to immediata causa with auricular fibrilation (a), steting the undarlying PART 6. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Pert | or Pert | of tem 18) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) factory, streat, office bldg., etc.) While Not While at work Hour a.m. 1966 to April 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... Jan. 29/66 19 ... and that death occurred at 1.1PM. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING_ DIRECTOR 22c. PHYSICIAN'S Hagerstown, Maryland N. Weeks. M.D. Howard 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Specify) OFB Purial REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 K. Coffman Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH



B &	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
儿	06051 CERTIFICATE OF DEA		042			
	1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND 2. USUAL RESE	ENCE (Where deceased lived, If institution: Residence MARYLAND b. COUNTY WASHI	-			
		(If outside corporate limits, write RURAL and gi	ve nearest town)			
L	HAGERSTOWN 2 HRS.	AGERSTOWN				
l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDR		DN A FARM?			
		LFORD AVE.	YES NO			
	3. NAME OF First Middle Last DECEASED (Type or print) LIVIS VALENTINE MARTIN	4. DATE Month Day DF DEATH APRIL 5	Year 19 66			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (in years IFUNDER 1 YEAR last birthday) Months Days	Hours Min.			
		4,1900 66 yrs.				
9	during most of working life, even if retired) INDUSTRY	TON CO., MARYLAND 12. CITIZEN COUNTRY TON CO., MARYLAND	OF WHAT			
-	RETIRED CHIEF CLERK RAILROAD WASHING		.S.A.			
'		BETH GEARHART				
-	WILLIAM MARTIN ELIZAE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT	HAGESTOWN, 1	VID.			
((Yes, no, or unkown) (If yes give war or dates of service)		*****			
-	NO 705-10-7521A MRS RUTH M. 18. CAUSE OF DEATH (Enter only one cause der line for (a), (b), and (c), (c)	ARTIN 407 GUILFORD AVE.	RVAL BETWEEN			
l	PART I. DEATH WAS CAUSED BY: Attroclatic Heart Baseone	ONS	ET AND DEATH			
l	Cenditions, If any, which (b) this tension	49	2010-			
	gave rise to immediate cause (a), stating the DUE TD	4	en.			
į		ALDISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY			
18.0		YE	PERFORMED?			
CENTIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter nature of Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	e of injury in Part I or Part II of item 18.)				
DIA AL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hom factory, street, office bid at work at work	e, farm, 2Df. (City or town) (County)	(State)			
13	16.10 48	-52 (1.1.1)				
	21. Scertify that (I) (this hospital) attended the deceased from function		nat (I) (we) fast			
1	say the deceased alive on 3/2-19.66, and that death occurred	at 93.4 M, from the causes and on the date				
	M.D. ATTENDING M.D. PHYS.		966			
	22c. PHYSICANYS 22d. ADDRES					
	NAME (Type) PHILIP J. HIRSHMAN M.D. 159 W	. WASHINGTON ST. HAGERSTO	JMM, MID.			
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county)	(State)			
	BURIAL APRIL 8,1966 REST HAVEN CEMETERI	1747/217/400 T 0.1174 - 477-1	YLAND			
1		REC'D BY REGISTRAR'S SIGN	ATURE			
K	Tailsom fairs & HAGERSTOWN, MARYLAND DATE	1 1 1966 Tellander Ju	der			
		· 0	0			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06052 requires that the death certificate be executed within 24 hours after death. ety filted in by the funeral bon papers. Pages 1 and 2 within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY a STATE Maryland b COUNTY Washington Washington MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b City OR TOWN (If outside corporate mits. write RURAL and give negrest fown) Hagerstown Hagerstown vears and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Jackson Convalesant Home 331 S. Potomac St. NO [3 NAME OF Middle 4 DATE First Last Month Dov Year DECEASED 26 19 66 April MAUDE LORENA MARTIN (Type of print) DEATH 9. AGE (In years F UNDER 1 YEAR S SEX IF UNDER 24 HRS & COLOR OR RACE 7 MARRIED NEVER MARRIED R. DATE OF BIRTH renyrave birthdoy) Months Days Hours WIDOWED T Mar. 9. 1889 DIVORCED white female 11 BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician a ren please aval, and ir during most of working life, even if retired) INDUSTRY Shoe mfg. Harpers Ferry, Md. inspector 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, William H Nichols Amanda C. Flook attending permit. The 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates af service) Mrs. Ruth Winks Martinsburg, W. Ya 214-09-0699 no cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Netastasis, intra-abdominal and hepatic signed by 1 burnal trans IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove Adenocarcinoma of sigmoid rise to immediate cause (a), (15 DUE TO stating the underlying cause has been the 19 WAS AUTOPSY PERFORMED? PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) NO [X] Hypertensive cardiovascular disease: arthritis dorsal and lumber YES 🗔 O FUNERAL DIRECTOR: After this certificate far 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached for the perference of the formula of the f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Not While at wark of work 21. I certify that (I) (this-hospital) attended the deceased fram January , 1965 , ta April 26 , 186 , that (1) (we) last Page 4 may be retained shauld saw the deceased above an March 25 1966, and that death accurred at 15AM, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED 4/24/66 DIRECTOR M.D PHYS. PHYSICIAN'S Professional Arts Bldg. NAME (Type) Hagerstown, Jaryland Lavran, M.D. 23c NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 235 DATE THEREOF (County) (State) REMOVAL (Specify) 4/28/66 Rest Haven Cemetery Hagerstown, Md.
REGISTRAR 250 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS DATEAPR VR A15 (4) 20 M 1/66 VCharlen 1966 FUNERAL HOME Hagerstown, Md MINNICH

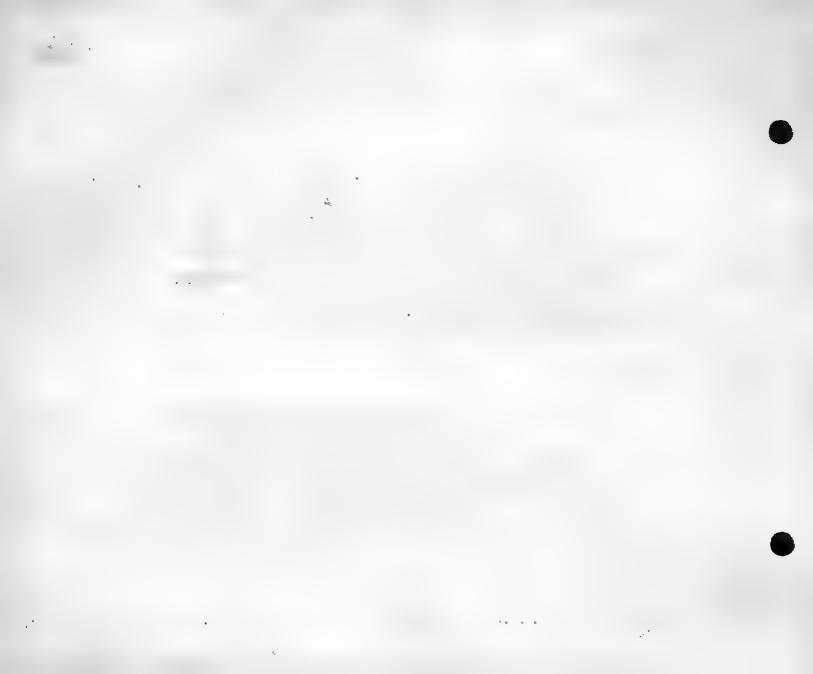


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10 CV funera PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission) a. COUNTY b. COUNTY Washington MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) dagerstown Ξ Urso Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers. d. STREET ADDRESS IS RESIDENCE within 72 ON A FARM? Washington County Hospital Chestrut NO K YES completely ive carbon p executed within NAME DF Middle Last DATE Month Year DECEASED event, 1 Ella Martin (Type or print) NOUNA P. DEATH 19 66 5 SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR) IF UNDER 24 HRS. 9, NEVER MARRIED last birthday) Months | any and Temale WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease certificate be during most of working life, even if retired) **COUNTRY?** USA dounemite Home County 13, FATHER'S NAME attending ph rmit. Then remov Silas Preston Mace Margaret Campbe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Ö (Yes, no, or unkown) (If yes give war or dates of service) Chestrut St. Hagerstown. Miss Mary Martin 903 cremation. 18. CAUSE DF DEATH (Enter only one cause been signed by the library transit or Indian, cremit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the DIJOL underlying cause last, (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED the hospital or NO. YES PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) ö (IF EITHER, NOTIFY MEDICAL EXAMINER) this CAI 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) (County) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After Id be **Not While** p.m. at work at work 21. I certify that (I) (this hosp DIRECTOR: M, from the causes and on the date stated above. that death occurred STAFF DIRECTOR HOSPITAL PHYSICIAN'S FUNERAL ADDR ESS NAME (Type) director, E.Martin M.D. Donald N.Potomac St. Hagerstown, Md. should NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATIONA (State) REMOYAL (Specify) Rest Haven Cemetery 24. FUNERAL DIRECTO VR A15 Hagerstown. Ad 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06054requires that the death certificate be executed within 24 hours after death. ond completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) HANCOCK" LIFE RURAL ban popers. within 72 ho d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? HOME HANCOCK YES Y NO NAME OF First Middle DATE Month Lost Day Year DECEASED FRANK JAMES McCUSKER (Type or print) DEATH 19 66 S SEX 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** remove Jost birthdoy) Manths Hours Dovs ond in ony WIDOWED DIVORCED **.** 1888 ottending physiciarhander permit. Then please remo 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? INDUSTRY WASHINGTON COUNT IJ.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ABNER MCCUSKER SARAH BRIDGES WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address MD. (Yes, no or unknown) (If yes give war or dates of service) HANCOCK cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CALISED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse attending os the prior tal this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FICATION NO 20a, ACCIDENT WAS UNDERLYING [] 20b DESCRISE HOW INJURY OCCURRED, (Enter noture of injury in Part I ar Part II of item 18.) by the hospitol OR CONTRIBUTING CAUSE OF DEATH 4 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After of work þe 1966, 10 4-21 , 1960, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 4-20 be retoined should 19 66, and that death accurred at 9 A M, from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED STAFF M.D DIRECTOR PHYS. PHYS. filed director, poge should be filed 22d ADDRESS 22c. PHYSICIAN S m D NAME (Type) 23c. NAME OF CEMETERY OR CREMENTS 23d, LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL CREMATION (County) 4.25.66 ETERS CATHOLIC WASHINGTON 24. FUNERAL DIRECTOR **ADDRESS** 2Sa, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after denth. and deat(PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Vachington **b.** COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 24 hmurs month Williamsport 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS lis urr St. ND etely exacuted within rbon NAME OF DATE Middle Last Month First DECEASED OF DEATH (Type or print) TIMOT 19 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 7. MARRIEO . NEVER MARRIED last birthday) | Months | Days WIDOWED TO OIVORCED [10a. USUAL OCCUPATION (Give kind of work done) physician an please reval, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate le during most of working life, even if retired) INDUSTRY COUNTRY? 77: > 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending phermit. Then гетточа Shupp inhle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ~INFORMANT. Address been signed by the attenthe burial-transit permit. (Yes, no, or unknwn) (If we give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O BORPITAL OR ATTENDING MAYHOIAM The law mquires that the Page 4 may be retained by the hospital or attending physician. nour IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IX YES T 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State While Not While at work at work Oct 27 to April 1966 that (1) 1000 last 21. I certify that (I) tide to subtile attended the deceased from 19 66 and that death occurred at P.M. from the causes and on the date stated above. April saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED director, page should be filed April 4. OIRECTOR PHYS. FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) Williamsport Maryland 21795 Byrkit M. (State) BURIAL, CREMATION. **OATE THEREOF** NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 177 -VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND remove carbon papers. Pages in any event, within 72 hours aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If cutside corporate limits, write RURAL end give nearest town) YRS. 6 MOS WILLIAMSPORT HAGERSTOWN .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? 24 WILLIAMSPORT SANITARIUM 321 N. LOCUST STREET YES NO Y within completely 3. NAME DE DATE First Middle Day Last 4. Month Year DECEASED (Type or print) ELIZABETH ANGELA MeGUIREDEATH APRIL 19 66 executed 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS. 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours and FEMALE AUG. 23,1886 MIDOMED X DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) clan SS E during most of working life, even if retired) death certificate be INDUSTRY HOMEMAKER ALLEGANY CO. MARYLAND U.S.A. OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remoda ed by the attending transit permit. Then, cremation, or remove JOHN STAKEM ELLEN CULLEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT SILVENIOSS PRING. MD. (Yes, no. or unkown) | (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH l-transi PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TO Conditions, if any, which peell gave rise to immediate 흡 DUE TO cause (a), stating the prior 1 underlying cause last. 88 (c) 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? CERTIFICATI OSchron & archial gluciale MOUDUCEd YES -2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **Sopital** PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) detached for the Dept. of F MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. Not While After While at work p.m. at work pinol 1962 DIRECTOR: Jage 3 sauld 21. I certify that (I) (this hospital) attended the deceased from... to. and that death occurred at .M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED ATTENDING K page MED. DIRECTOR 5/2/1966 awar pa TO HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS FUMBRIL director, p should be 1 EDWARD W. DITTO III M.D. W. WASH. ST. HAGERSTOWN. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify) 3.1966 HAGERSTOWN. ROSE HILL CEMETERY MARYLAND ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24. 966 HAGERSTOWN . MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Washington Morgan MARYLAND State Department hours after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berkeley Springs alfway, Hagerstown 1 day
d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Route NOTE YES 3. NAME DF DECEASED Middle Last 4. DATE Month Day the 72 | John William Miller 19 66 DEATH April (Type or print) 2 with within 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS tast birthday) | Months | Days | Hours | Min. 7. MARRIED TO NEVER MARRIED Male white Sept. 49 WIDOWED . DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even it retired) COUNTRY? Construction Berkeley Springs, W. IISA Va. pages in any Not known Delva Barker. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service) No James Miller, Rt. Berkeley 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:

_ IMMEDIATE CAUSE (e). EXAMINER: This certificate should be executed certificate, writing the word "pending" in should be forwarded to the Chief Medical Exam burial-transit cremation, or cremation, Conditions, if any, which gave rise to immediate DUE TO cause (a), steting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (N PART 1(a) CERTIFICATION YES -3 should be agent, prior 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY FO OF CONTRIBUTING CAUSE OF DEATH. Trapped 14 12 foot MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, tactory, street, office bldg., etc.) While Not While at work TOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy inquiry 🖂 and in my opinion Inspection 🔀, Undetermined manner Natural causes Suicide Homicide death resulted from: Accident X. CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED DEPUTY MEDICAL EXAMINER A EDWARD W. DITTO director. retained Address (Street, city, town, or county) 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or BURIAL, CREMATION. (State) REMOVAL (Specify) 00 Berkeley
25a. RECIDENT REGISTRAR 25b. Union Chapel 1966 VR ALSME (5) Homes Berkeley Spgs. Funeral W DATES 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 116058 funeral after death, and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON filled in by the fu papers. Pages 1 hin 72 hours after o a. STATE WASHINGTON MARY! AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours LINE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE within 72 24 ON A FARM? WASHINGTON COUNTY HOSPITAL 1600 EVELYN NO X YES completely in carbon persent, within within 3. NAME OF First Middle Last 4. DATE Year Month DECEASED OF VIRGINTA ALBERTA MITCHELL (Type or print) DEATH APRIL 66 19 certificate be executed 6. COLOR OR RACE OATE OF BIRTH AGE (In years LIF UNGER 1 YEAR IIF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED T last birthday) Months Days Hours Min. rend Tendo FEMALE WHITE /29 WIDOWED [Sician Si 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY HOME U.S.A HOUSEWIFF MATYLAND physic n plea d by the attending phystransit permit. Then pluctured cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME BENJAMIN POFFENBERGER REYNOLDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HAGERSTOWN (Yes, no, or unknwn) ((if yes give war or dates of service) NOINTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), been signed by the the burial-transit is or to burial, cremati requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **QUE TO** 0/ Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause jast. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY After this certificate has be detached for use State Dept. of Health of use for use Health PERFORMEO? YES IX NO IT PHYSICIAN: 208, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) GESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) TIME OF INJURY Month, Gay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. After Hour a.m. While Not While 19 at work at work b.m retained 66 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: Jage 3 should lied with the and that death occurred at 3.457 M. from the causes and on the date stated above. saw the-deceased alive on 22a. SIGNATURE DATE SIGNED þe page ATTENDING PHYS. DIRECTOR FUNERAL PHYSICIAN'S 22d. AOORESS 22c. director, p NAME (Type! NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. 23b. **OATE THEREOF** 23c. 23d. LOCATION (City, town or county) 1/66 ROSE HILL CEM. ${f HAGERSTOWN}$ MD. 25by REGISTRAR'S SIGNATURE ADDRESS **FUNERAL DIRECTOR** 1966 VR ALS (4) DATE 20M

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06056 FOR STATE 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) PLACE OF DEATH o COUNTY a STATE b COUNTY Washington of. Wash. after death. MARYLAND Department b CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)

Hagerstown c CITY OR TOWN (If outs de corporate limits, write-RURAL and give nearest town) C LENGTH OF STAY IN 16 and Hagerstown N d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS e +S RESIDENCE ON A FARM? ate Del haurs 420 Fremont St. 420 Fremont St. Give Pages YES 🔲 NO after death 3 NAME OF Middle 4 DATE Month Dov Year DECEASED the EDITH VIOLA MONG within April 16. 66 (Type or print) 19 DEATH with S. SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH AGE (In years # UNDER NEVER MARRIED last birthdoy) Months Sept. 28, Dovs Hours White female WIDOWED event gud 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, eyen if refired) INDUSTRY COUNTRY? pages I Waynesboro, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank L. Smith Bertha Brown File and 15 WAS DECEASED EVER N . S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT This certificate showld b ≡ mxecuted Address ansit permit. icate, writing the ward "pending" i be farwarded to the Chief Medical (Yes, no or unknown) (If yes give wor or dates of service Richard Smith, Hagerstown, Md. none 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Coronary Occlusion s a burial-tra crematian, a DUE TO Conditions, if any, which gove (b) Chronic Rheumatic Heart Disease Long standing rise to immediate couse (a), DUE TO stating the underlying couse OS used as burial, (PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? the certificate. prior to YES 🚾 NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 181) 3 shauld should TAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page While Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection. Induity . and in my opinion the funeral director. death resulted fram-Natural causes x Suicide . Accident . Homicide I Undetermined manner CHIEF MEDICAL EXAMINER TO DEPUTY ME **ACTUAL** 22. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER 4-18-66 DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Hagerstown, Md. Ditto, Jr. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 4-18-66 Rest Haven Cemetery Hagerstown. 24 FUNERAL DIRECTOR 25h REGISTRARY SIGNATURE ADDRESS REGISTRAR VR A15ME (5) Minnich Funeral Home, Hagerstown, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06060and 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH COUNTY o STATE o. COUNTY Washington Maryland Washington MARYLAND an papers. Pages 1 within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) 67 Yrs. Boonsboro d STREET ADDRESS IS RESIDENCE ON A FARM? filled in 1 d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) 131 Lakin Ave. YES NO TY Reeder Nursing Home 4 DATE 3. NAME OF Middle Lost Month Doy Year MD DECEASED 19 66 April 11. Hattie Blanche Moore DEATH (Type or print) I IF UNDER 24 HRS IF UNDER YEAR 8. DATE OF BIRTH AGE (n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 lost birthdov) Months Hours October 31.1878 WIDOWED TO DIVORCED White Female rem and in any pup 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT KIND OF BUSINESS OR TOO USUAL OCCUPATION (Give kind of work done 10b attending physician was COUNTRY? INDUSTRY during most of working life, even if retired) Own Home Fairplay, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Laura Amy Alfred Morin Gledress Burnie, Md. 17. INFORMANT 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Doyle H. Moore 1608 Lorimer Rd. 215-48-8765 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) the signed by the burial-transit p ensure CV ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) λq DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the t Health priar tab stating the underlying couse be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 206 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING FT CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20d INJURY OCCURRED TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While Hour o.m. of work ot work 21. I certify that (i) (this haspital) attended the deceased fram #-11-66, 19, ta #-11-66, 19, that (l) (we) last saw the deceased alive an #-11 1966, and that death accurred at 50 M, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220. SIGNATURE 4-13-66 ATTENDING DIRECTOR PHYS M.D. directar, page 3 should be filed v PHYS 22d ADDRESS מ פלף מרורן 22c. PHYSICIAN'S NAME (Type) 7770 23d. LOCATION (City or Town) (Stole) 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION, 23b. DATE THEREOF PEMOVAL (Specify) 4- 14- 66 Boonsboro Md.

STRAR 25b. REGISTRAR'S SIGNATURE Boonsboro Cemeters 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. 20 M 1/66



	DIVISIO	N OF STATISTIC				PARTMENT O , 301 W. PREST			ORE 1, M/	ARYLAI	ND
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1,	and the same of the same of	n Mahinaton		MAR	RYLAND	2. USUAL RESIDER	NCE (Where de	h. col	VTIALL	idence bef	
-	b. CITY OR TOY Write RURAL	/N (if outside corporate and give nearest town	e limits,	c. LENGTH OF ST		c, CITY OR TOWN (If outside cor	orate limits,	write RURAL ar	nd give n	earest town)
	Hacibase	ovn		1 Woek		Wil:	lia ısm	ort		21	i
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in h	ospital, give street	address)	d. STREET ADDRES	S			e. IS	RESIDENCE N A FARM?
_	To a high me	rton Coint	y Hos	pital		#2 S. Ve	ermont	St.		YES	The same of the sa
3.	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Mor	ith	Day	Year
-	(Type or print)	Lenora		Irene		rgan	DEATH	Apri	- 1 / C)	19 66
5.	SEX		7. MARRIED		IED 🔲 8	. DATE OF BIRTH	9.	AGE (In year last birthday	s IF UNDER 1'		INDER 24 HRS, ours Min.
	,1 7 5	1 1 1	WIDOWED			, , , , ,	1,71	угŝ.	121.		
du	a. USUAL OCCUPA ring most of work	FION (Give kind of work d ling life, even if retired	one 10b. K	(IND OF BUSINESS (NDUSTRY	OR	11. BIRTHPLACE (County & State,	er foreign count	iry) 12. CIT	IZEN OF V	WHAT
-	To isew:		Ho	ome				Md.		.S.A	
13	. FATHER'S NAM					14. MOTHER'S MA					
4		id W. Youn	-			Ann		tle			
ίχ ,	es, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	(CES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT 77 4	3. Ve		esst.		
_	<u> </u>			1)			53	3 45 7 7	*	-	2.25 @
	1	DEATH [Enter only one	cause per l	ine for (a), (b), and	(c).]					INTERVA ONSET	L BETWEEN
	1	EATH WAS CAUSED BY: IMMEDIATE CAUSE ((a) P	neume	ove	2				14	28_
	475	DUE 1	10								,
	Conditions, if	any, which ((b)								
	10	tating the DUE	TO								
70	underlying cau		(c)								
TION	PARTIL OTHER	SIGNIFICANT CONDITION	NSCUNTRIBI	UTING TO DEATH BUT	TNOTRELA	TED TO THE TERMINAL	. DISEASE CON	DITION GIVEN I	N PART 1(2)	19. WE	AS AUTOPSY RFORMED?
FICA	(0	4 DOIN	cons							YES	NO M
CERTIFICATI	OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING I CAUSE OF DEATH	H ER)	DESCRIBE HOW INI	IURY OCCU	RRED. (Enter nature	of Injury In Pa	rt I or Part II	of Item 18.)		
MEDICAL	20c. TIME OF Hour a, p.	E"	ear 20d. I While lat work		20e. PLAC factor	E OF INJURY (Home, y, street, office bidg.	farm, 20f. etc.)	City or town)	(Count	ty)	(State)
2		ly that (I) this hospi			from	211	1962 to	Hovil	10106/	that	(i) (we) last
		ceased alive on	Du : /			death occurred at			s and on the		
	22a. SIGNATU	RE D	7 /	7 1	una char	404417 00001104 01		111 1110 02000		TE SIGNE	
		1111190	2011		M.D.	ATTENDING PHYS	MED.	STAFF PHYS.	JH-0	10-	6ks
	22c. PHYSICIA NAME (T		yrl	Kit		22d. ADDRESS	dus,	port	M	D	
23	a. BURIAL, CREA		HEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. £0		town or coun	ty)	(State)
2	. FUNERAL DIR	ECTOR		ADDRESS		25a. R	EC'D BY REGIS	TRAR 25b	REGISTRAR'S	SIGNATU	RE
	.Tennie	T. Leaf	Hillis	ams ort 1	Md.	DAAP	R 25 1	966 8	learla	Jud	عد
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY sician and constitutely filled in by the 1 lease remove earborkpapers. Pages 1 and in any event, within 72 hours after MARYL AND b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ADDRESS d. STREE e. IS RESIDENCE ON A FARM? NO YES executed within 3. NAME OF DECEASED First Middle DATE Month OF (Type or print) DEATH 66 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 7. MARRIED X NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be most of working-life, even if retired) or removal, FATHER'S NAME MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Thei should be filed with the State Dept. of Health prior to burial, cremation, or remov WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. INFORMAN death (Yes no for wikown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. WESVO. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which B₁ − τ (b). gave rise to immediate DUE TO cause (8). stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES ND [2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (State) (County) Hour a.m. While Not While be retained by OR ATTENDING at work at work p.m. certify that (I) (this hospital) attended the deceased from 194/ the deceased alive on and that death occurred a AM, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may PHYSICIAN'S 22c. 22d, ADDRESS Washington St. Hagerstown, Maryland 23a. CREMATION. 23b. DATE THEREDF NAME OF CEMETERY OR CREMATOR LOCATION (State) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAPUR 1966 VR A15 (4) 15M 4-64



[/1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# mode	OGOG3 CERTIFICATE OF DEATH
24 hours after death. Filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH 3. COUNTY Worked water Marylano Marylan
completely filled in by the 1 Vergation 12 hours after average 1 avent, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
2 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
./	ON A FARM? YES NO [1]
	3. NAME DF DECEASED (Type or print) JOHN GODDARD MURRAY DEATH APRIL 7 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isst birthday) Months Oays Hours Min.
	10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FOROMAN JAINERY JILIAMSDORT J.S J. S J. J. S J. S J. S J. S J. S J. S J. J. S J. J. S J. S J. S J. J. J. S J. J. J. J. S J. J
	Tohn Marray Sarah Miller
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 215 09 7352
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS 4 mos
	Conditions, If any, which gave rise to Immediate (b) CARCINOMA OF THE STOMACH J MICS
	cause (a), stating the OUE TO underlying cause fast. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORME 07 YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	21. I certify that (I) (this hospital) attended the deceased from 12 - 27 - , 1965, to 4 - 7 - , 1966, that (I) (we) last saw the deceased alive on 4 - 6 - 1966, and that death occurred at 7 - M, from the causes and on the date stated above
	22a. SIGNATURE (1. Kanning) M.O. ATTENDING OIRECTOR STAFF PHYS. 4/7/66
)	22c. PHYSICIAN'S NAME (Type) EAREN A RAMIREZ LAGGERS (5 CD PROME) AUG.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SICNATURE
4	oAPR 1 1 1966 Acharles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral BIB 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Washington Washington MARYLANO City OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Haaerstown 62 urs_ IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled DN A FARM? 922 Mulberry Ave. Western Maryland State Hospital NO X YES executed within tely 딩 NAME OF DATE Day Last 4. Year DECEASED DF DEATH 19-(Type or print) 8. DATE OF BIRTH 5. SEX 6. COLDR'OR RACE AGE (In Years HE UNGER 1 YEAR NEVER MARRIEO 7. MARRIED last birthday) Months and remay any Female 82 WIDOWED X DIVORCED he attending physician a permit. Then please retion, or removal, and in a 12, CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INOUSTRY law requires that the death certificate be eitersburg Md. Own Home Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Virginia Warble George Henry Bowman Address Hagerstown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes, no, or unkown) (If yes give war or dates of service) 214-09-3468D 922 Mulberry Ave. cremation, the INTERVAL BETWEEN 18. CAUSE DF BEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed been signer the burial-t DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. as WAS AUTOPSY CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate for us Healt YES NO A PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) Ö, this MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year Hour a.m. While Not While at work p.m. 19 at work that (I) (we) last v 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: M; from the causes and on the date stated above. and that death occurred at saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF page PHYS. 運 TO HOSPITAL director, pr FUNERAL 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) Page / (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Idaaerszown 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR FUNERAL DIRECTOR 1/65

13	DIVISION OF STATISTICAL RESEARCH AND RECORI	EPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
# 75° #	06065 CERTIFICA	TE OF DEATH	06062
24 hours after death. The funeral apers. Pages 1 and 2 and	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institut	tion: Residence before admission)
after the f	WashingtonMARYLAND	e. STATE b. COUNTY	Washington
rs aftu by th Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write R	RURAL end give mearest town)
in by s. Pag	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	Big Spring, Md.	
filled i papers.	VI	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
- 0 -	Washington Co. Hospital	Route 1	YES NO
The law requires that the death certificate be executed within or attending physician. cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon gealth prior to burial, cremation, or removal, and in any event, within	3. NAME OF FIRST MIddle DECEASED	Last 4. DATE Month OF	Day Year
omp omp verif	(Type or print) Roy Earl 5. SEX 6. COLOR OR RACE 7 MARRIED 7 NEVER MARRIED 7	Myers DEATH April 8. DATE OF BIRTH 9. AGE (In years) IFU	19 19 66
acut id c novi	THE TANK THE PARTY TO A THE TENTH TO A THE TENTH THE TEN	last birthday) Mor	INDER 1 YEAR FUNDER 24 HRS. nths Days Hours Min.
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be icial			12. CITIZEN OF WHAT COUNTRY?
cate phys	Retired truck driver Oil Co. 13. FATHER'S NAME	Charlton	U.S.
ath certificate be executed w' attending physician and compler rmit. Then please remove cart, or removal, and in any event,	Clinton M. Myers	Fannia 1 William	
endi it.		Fannie 1. Miles 7. INFORMANT Address	···
eath att ermi	Yes World War2 220-05-6137M	rs Merle Myers Big Spri	ng. Md. Rd.l
the dit p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A A	INTERVAL BETWEEN ONSEY AND DEATH
it th an. I by rans cren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Center Sulm	ionary Idems	ONSEY AND DEATH
uires that the death ce g physician, en signed by the attend burial-transit permit. o burial, cremation, or re	4200 DUE TO _L . / 1 .	y . (// / / /	
phy n si bur	Conditions, if any, which gave rise to immediate (b)	the fresh diease	ylora
redu ding bee the ir to	cause (a), stating the DUE TO	+ - 1 1 12	1/
PHYSICIAN: The faw requir the hospital or attending parties certificate has been detached for use as the bi e Dept. of Health prior to b	underlying cause last.) (c) Juper PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY INOTRE	lensure from disiase	gloro
or a ate use alth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOTRE 203. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCH DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
Ns. T tal tiffic for for	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injury In Part I or Part II of Ite	YES NO
ospi cerl hed t. o	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	over the second of injury in part of the first of the	MI A (1)
HYS he h this etac etac Dep	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
ING PHYSICI d by the host After this ce I be detached State Dept. (20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour a.m. While at work at work at work	ctory, street, office bldg., etc.)	
Aff Lid be Sie Sie Sie	21. I certify that (I) (this hospital) attended the deceased from_	april 19 1964 to do the	19 that (I) (we) last
TTEN TOR TOR The th			on the date stated above.
REC:	22a. SIGNATURE	22	b. DATE SIGNED
ay bay base	John C. Startfur M	A.D. PHYS. MED. STAFF DIRECTOR PHYS.	
PITA f m. frai	22c. PHYSICIAN'S NAME (Type)	22d. ADDRÉSS	
TO HOSPITAL OR ATTENDING PHYSICIAN. The faw requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transference, page with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town (Dr. Aprintis
5 5 5 6 6	REMOVAL (Specify)		
C.	Burial 24. FUNERAL DIRECTOR 4/22/66 St. Pauls (TRAR'S SIGNATURE
VR A15 (4)	Margaret Rowland, Class Engine	Ma APR 2 5 1966 Aclian	eles Judal.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96066 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 먀 the attending physician and completely filled in by the funeral sit permit. Then please remove-sgroon papers. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE b. COUNTY

TO TOWN (If outside carporate limits, write RURAL and give nearest town) o. COUNTY ashington MARYLAND CITY OR TOWN (If outside carparate imits, pyrite RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 rbon papers. Pay Hagerstown H agerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? ashington County Hessital Franklin YES NO I NAME OF Middle 4. DATE First Year DECEASED Cinty Sue Overcash DEATH 19 (Type or print) AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Fen "Thite WIDOWED DIVORCED A, ril ond in o 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Hagerstown Laryland
14. Mother's Maiden NAME Hone 13. FATHER'S NAME S. Overcash Lee Linda Lee Bean signed by the attending burial-transit permit. To burial, crematian, ar ren 16. SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Lee S. Overcash Hagerstown, ...d (Yes, no, arunknown) (If yes give war or dates of service) None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) * ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. 1000 DUE TO Canditions, if any, which gave rise to immediate cause (a), **DUE TO** far use as the f f Health priar to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(o) of Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED factory, street, office bldg . etc.) Not While at wark 21. I certify that (1) (this hospital) attended the degreesed fram 4/4/46, 19 to 41/106, 19, that (1) (we) last saw the deceased alive and 14/106 and that death accurred a 4/11/106, fram causes and an the date stated above. director, page 3 shauld should be filed with the 22b. DATE SIGNED 22a. SIGNATUR **ATTENDING** M.D. PHYS DIRECTOR Gist. Potomac St. Hagerstown, Md. Harold H. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 230 BURIAL, CREMATION, Hagerstown, 10 Rose Hill Cenetery 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Funeral 20 M 1/66 Hugerstown, Id



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06067CERTIFICATE OF DEATH funeral and 2 death certificate be executed within 24 hours after death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Washington Maruland Washinaton MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstwon Haaerstown 27 urs. = bon papers. within 72 ho B. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS ON A FARM? 1775 Linda Drive Washington County Hospital NO FO etely rd completery Middle DATE NAME OF Last Month DECEASED Clayton Pitcock (Type or print) DEATH April 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 13,1894 Male WIDOWED DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Chewsville, Md. Hgent Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending ph srmit. Then Thomas A. Pitcock Annie E. Berger Address 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. Ь (Yes, no, or unkown) | (If yes give war or dates of service) Linda Dr. Hagerstown Mrs. R. C. Pitcock No 214-05-8709 burial-transit pern burial, cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a). PHYSICIAN: The law requires that the ONS IT AND DEATH I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (signed DUE TO Cenditions, If any, which peen gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO BEATH BUT NOT RELATED TO THE TERMINAL DUMEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION 19. PERFORMED? detached for use e Dept. of Health certificate the hospital or NO N YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING ! at work at work p.m S should with the v 21. I certify that (I) (this hospital) attended the deceased from the causes and on the date stated above saw the deceased alive on and that death occurred at M. from 22b. 22a, SICNATUR DIR page DIRECTOR PHYS. PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, possible should be f NAME (Type) (State BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) REMOVAL (Specify) Rest Haven Cemeter Burial 24. FUNERAL DIRECTOR Hagerstown Md VR A15 (4) Haven Juneral Chapel

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3D1 W. PRESTON STREET, BALTIMORE 1, M	ASDVI SAID
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in by the funeral in by the funeral s. Pages 1 and 2 hours after death.	1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. CDUNTY c. CITY DR TOWN (if outside corporate limits, write RURAL c. CITY DR TOWN (if outside corporate limits, write RURAL	
24 hou filled in papers.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NESTERN MO STATE HOSP. Coule 6. Byp. HV	e. IS RESIDENCE ON A FARM? YES NO
it all wi	3. NAME OF DECEASED (Type or print) EMILY PLAWIN OF DEATH APRIL 2	Day Year 1966
e ke co	F. WIDDWED DIVORCED SEPT. 25-1879 86 yrs.	Days Hours Min.
cinal asserting and its	HOYSE KEEPER. MILLER BROS LATVIA.	ITIZEN OF WHAT OUNTRY?
certificate nding physi . Then ple removal, a	13. FATHER'S NAME ? SCHOEN 14. MOTHER'S MAIDEN NAME UNKNOWN.	
death con attence permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address (Yes, no, or unkown) (Types give war or dates of service) 216-10-5444. GORDOO: H. SCHOEN B.	ti muste
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remove	Hour a.m. p.m. 19 at work at work factory, street, office bldg., etc.) 21. I certify that (I) (this best at work 22. I certify that (I) (this best at work at work at work 22. I certify that (I) (this best at work at work 22. I certify that (I) (this best at work 24. I get at work 25. I get at work	yes No Performed N
VR A15 (4) R 20M 1/65	24. FUNERAL DIRECTOR ADDRESS 254 PROTO BY REGISTRAR 255 DEGISTRAR 255 DEGISTRAR 255 DEGISTRAR 26 1966 Participal Robert PR 2 6	Judge



1 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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after death. the funeral ges 1 and 2 after death:	, 1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence in the country of the country o	sidence before admission)		
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ours after in by the Pages hours after		write RURAL and give nearest town)	and give nearest town)		
24 hours filled in bit papers. Pa in 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?		
y fill y	_	Western Maryland State 3714-35	YES NO		
be executed within 24 hours after sician and completely filled in by the lease remove carbon papers. Pages 1 and in any event, within 72 hours after	3.	NAME OF BECEASED (Type or print) CSEPS E Widdle Last 4. DATE Month OF DEATH OF DEATH	Day Year		
comi	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	1966 LYEAR IFUNDER 24 HRS.		
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~ > <u>~</u> > ~ .	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	17/17		
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th ce ttend nit.	15 (Yo	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (s, no, or unkown) (If yes give war or dates of service)	^		
dea he a peri	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
law requires that the death certificate be tending physician. Has been signed by the attending physicia as the burial-transit permit. Then please prior to burial, cremation, or removal, and		PART 1. DEATH WAS CAUSED BY: ASPIRATION PNEUMONIA	ONSET AND DEATH		
aw requires that the the displaying the physician. I as been signed by as the burial-tran prior to burial, cre		S A DUE TO			
uires g phi en s bur		conditions, If any, which gave rise to immediate (b) CEREBRAC TYROM BOSIS	1 YEAR		
v red endin s be s the ior t		cause (a), stating the DUE TO underlying cause last. (c)			
he lav or atte ate ha use a	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?		
4: The rail or liftcate for us	CERTIFICATION	CIRHOSIS OF THE LIVER & MALNUTRITION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO		
JING PHYSICIAN: The law required by the hospital or attending parter this certificate has been be detached for use as the bestand by the state Dept. of Health prior to be series.		208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ING PHYSICIA d by the hospi After this cert i be defached State Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (Coun factory, street, office bidg., etc.)	ity) (State)		
DING ed by After d be e Stat	M.	p.m. 19 at work at work			
ATTENDIN retained b ECTOR: Aft 3 should b with the St		21. I certify that (I) (this hospital attended the deceased from 7 1964, to 4/25, 1965, and that death occurred at 4 M, from the causes and on the	Let that (I) (we) last		
OR AT be ret DIRECT SE 3 SI SE ed with		22b, DAT	TE SIGNED		
may b may b tAL Dil		22c. PHYSICIAN'S 22d. ADDRESS COOK ATTENDING DIRECTOR PHYS.	-6/66		
HOSPITAL age 4 may FUNERAL irector, pa		NAME (Type) I TREN KAMIREZ Hagerit ofen mi	1 / _		
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	(State)		
ap	24	Daura Calla Jacobs Calla Jacobs Calla Call	SIGNATURE		
VR A15 (4)	1	F. Lasch's Sons Hyattsrille, Mc 2 1966 Johns	o Judgli		
20 M 1/65	1-				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY WASHINGTON MARYLAND b. COUNTY WASHINGTON filled in by the fu papers. Pages 1 a in 72 hours after o MARYI AND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write minit stid Rive in car (gali town) HAGERSTOWN T. TRE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM2 rbon papers, within 72 l d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL 311 FREDERICK ST. NO A completely i ve carbon p event, withli law requires that the death certificate be executed within NAME OF First Middle Last DATE Mon th Day Year DECEASED DF DEATH LAWRENCE POWELL APRIL 15 THOMPSON 66 (Type or print) 19 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE and con DATE OF BIRTH 7. MARRIED NEVER MARRIED X MALE WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? RETIRED DEPT. MGR DEPT. STORE MARYLAND U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME JOHN E POWELL NETTIE THOMPSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. AdHAGERSTOWN been signed by the atten the burial-transit permit. r to burial, cremation, or (Yes, no, or unkown) i (If yes give war or dates of service) W.W.#1 214-09-763 MRS RUTH MD . 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. 8 WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CERTIFICAT YES NO T ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) ō OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) pg q 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Df. (City or town) (County) Hour a.m. While at work Not While DIRECTOR: Af age 3 should led with the S 21. 1 certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED MED. DIRECTOR M.D. Page 4 may PHYSICIAN'S NAME/(Type 22d. **ADDRESS** director, p NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. 8/66 ROSE HILL CEM. HAGERSTOWN MD 25 GAREGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) DATE 2DM 1/65

€:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 4301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06071 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral. Pages I and 2 . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b COUNTY washington o. COUNTY o. STATE Maryland Washington MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) vears rural Boonsboro rural d NAME OF HOSP FAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? filled 1 Boonsboro Rd. YES -NO 🔼 completely fi NAME OF First Middle Last DATE Manth Day Year DECEASED BLANCHE BETTY PRICE April 20 19 66 (Type or print) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. remove 102 birthday) Months Dovs Hours signed by the attending physcian and co burial-transit permit. Then please remo burial, crematian, ar remaval, and in any white female WIDOWED DIVORCED Nov. 10a USUAL OCCUPATION (Give kind of work dane) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (Caunty & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
housewife COUNTRY? INDUSTRY Page Co., Va. home 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Wilson Carrier Rebecca Hoffman WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECTIRITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) Millard Price Hagerstown. Md. none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO os the stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use a NO YES [TO FULLRAL DIRECTOR: After this certificate the hospital or 200 ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED (Stole) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or tawn) (County) factory, street, affice bldg , etc.) at wark ot work ded 14, 19_, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram, 19,5 9, 10 Page 4 may be retained (a.G., and that death occurred of 12 34M, from couses and on the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BULLIA (Specify) 4/22/66 Rose Hill Cemetery Hagerstown. 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 MINNICH FUNERAL HOME Hagerstown, Md. 20 M 1/66



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII	MORE 1. MARYLAND
±	GO72 CERTIFICATE OF DEATH	02020
after death. the funeral ges 1 and 2 after death	MARYLAND Maryland	if institution: Residence before admission county Frederick /
ours in by Pa tours	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits Frederick	, write RURAL and give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Western Maryland State Hospital d. STREET ADDRESS 434 West South	Street 0. IS RESIDENC ON A FARM? YES NO
l withi npletel carbon int, wil	(Type or print) WALTER WILFRED REFORK BEATH APPL	Sonth Day Year 2/4 /5 1966
be executed within 24 the sician and completely filled ease remove carbon paper, and in any event, within 72	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In ye last birthd WIDOWED DIVORCED 2/2/97 4. 69 yr:	
e be e rsician lease r and in	USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign con age most of working life, even if retired) Methanic Frederick County, Md.	
certificate dimenitysi Liber plus removal, a	Charles Nelson Reeder 14. Mother's Maiden Name Cora Twenty	
death ce e attend permit ion, or re	was deceased ever in u.s. armed forces? 16. social security no. 17. Informant ad no. or unknown) (fives give war or dates of service) 214-10-5643 Mr. Leonard F. Reeder 329	N. Bentz St.
he he sit h	18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1707 112 CC . Illementary Embalas	INTERVAL BETWEEN ONSET AND DEATH
ires the physici n signer burial-t	Conditions, if any, which gave rise to immediate (b) Considerations heart farling	ic Binecho
w requirements to the second s	cause (a), stating the DUE TO Underlying cause last. (c) 1 6 2 4 6 work le votre - the art New	siace Just know
The la	PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: hospita certifi ched fo pt. of H	20a. ACCIDENT WAS UNDERLYING TO COURRED. (Enter nature of injury in Part I or Part or Contributing Touse of Death (IF Either, Notify Medical Examiner)	(I of Item 18.)
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transshould be filed with the State Dept. of Health prior to burial, created the state Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While p.m. 19 at work at work	n) (County) (State)
TENDII tained for: At should h the S	21. I certify that (1) (this hospital) attended the deceased from 2 3 -, 19 6, to 4 -/ saw the deceased alive on 4 - 15 - 19 , and that death occurred at - 4M, from the cause	ses and on the date stated above
OR AT y be re DIRECT age 3 s lied wit	22a. SICNATURE ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
DSPITAL e 4 mai INERAL ctor, pi	22c. PHYSICIAN'S NAME (Type) FRTUIRO + IECO 1500 7 - 12 mg, Cipé	· Hagerstown
TO Ke	Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery or Crematory 23d. Location (City Burial 4/18/1966 Rocky Springs Cemetery Frederick	. /
VR AIS (4) 6	Robert E. Dailey Son Frederick, Md. 252 REC'D BY REGISTRAN 250 PR 18 1966 7	Clarles Juis
1,00		



1 🙀	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	06073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MEALTH-DERT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. STATE b. COUNTY
be the functal of the	Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Maryland C. LENGTH OF STAY IN 1D Washington C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ma ma	Rural Brownsville Minutes Rural Knoxville
after 5 th	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours	State Rt. 65 Box 261 YES NO T
and del	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
PM3 any	(Type or print) Vera Van Rensselaer Rhinaman DEATH April 16, 19 66
fit. If as form P within	last birthdey) Months Days Hours Min.
Hand of Market	Female White WIDOWED DIVORCED X Dec. 12, 1921 44 yrs. 4 4
er dea live Pa with 1 and event	during most of working life, even if retired) INDUSTRY COUNTRY?
affe Ging S 1	Shaper Lens Grinding Martinsburg, W. Va. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours afte n 18. Gi s along pages 1 in any	
24 hor lifem Office File p	Charles H. Wilson Van R. Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMFORMANT Address III. 17.
42 in 19 in	(Yes, no, or unknown), (If yes give war or dates of service)
within pencil ir miner's permit, removal,	No. 235-28-3359 Mrs. Peggy L. Goetz Rfd. 1 Harpers Ferry. 1.18 CAUSE OF DEATH Enter only one cause per line for (a) (b) and (c) 1
AL EXAMINER. This certificate should be executed within 24 hours after death. If any delay cocessary, the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rifles. Files. F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Fracture of skull IMMEDIATE CAUSE (a) PROPERTY OF DEATH INTERIOR DEATH IMMEDIATE CAUSE (a)
I'd be executed I'pending'' in If Medical Exam s burial-transit cremation, or i	IMMEDIATE CAUSE (a)
ding ding ical ical	Annelling 18 Ann. which 1
Med Wed	gave rise to immediate
a b	underlying cause last. (n)
ate shoul he word the Chief the Chief sed as a burial, (THE PROPERTY OF THE PROPERTY O
the the tree to b	YES K NO
CR: This certificate, writing forwarded to 3 should be agent, prior i	20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) Speeding car. swerved from road striking tree stump.
s ce rdec	Speeding car, swerved from road striking tree stump.
Thi rwa sho sent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
NER The fact of age 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street office bidg., etc.) 10:17 p.m. April 16966 While of work at work x State R#67 Gapland Wash. Md.
AL EXAMINED the certificate of should be ur files.	21. I certify that I took charge of the remains described above, held an Autopsy K, Inspection , Inquiry , and in my opinion
EXA bhe ce shoul files. TOR: lesign	death resulted from: Natural causes, Accident K, Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
MEDICAL ecute the Page 4 for your	SIGNATURE M.O. ASSISIANI MEDICAL EXAMINER
≥ @ 4.0 _ 0	DEPOIT MEDICAL EXAMINER (A.)
O DEPUTY Mi please exec director. Pa director of retained for O FUNERAL of Health or	NAME (Type) E. W. DITTO, JR., M. D. Address (Street, city, town, or county) 238. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of Fu	POTMAN (Charles)
F F	24 FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REC'ISTRAR'S SIGNATURE
VR A15ME 3500 4-64	John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DAPR 21 1966 Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 25074 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Washington Prince George STATE Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town etely filled in by bon papers. Page within 72 hours a vear SeaTPleasant Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Central NO T Western Maryland State Hosp. Ave executed within 3. NAME OF Middle Lasir DATE Month Year DECEASED OF DEATH (Type or print) 19 006 6 COLOR OR RACE IF UNDER 1 YEAR HE UNDER 24 HE AGE (In years 7. MARRIED NEVER MARRIED [hirthday) Months Hours 智 WIDOWED [7] 5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Home Penn. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Ellen Dean George Wertit/ M 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Addres C. Wash. D.C. (Yes no, or unkown) (If yes aire war or dates of service) 5 Mrs. F. C. Tucker, 6401 Central Ave. None CAUSE OF DEATH { Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: OCC LUST OF MINOTE IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate 능 YES [NO L 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 0, MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1966, that (1) (we) la 21. I certify that (i) (this hospital) attended the deceased from. OIRECTOR: age 3 should M, from the causes and on the date stated abov saw the deceased alive on_ and that death occurred at 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR тау Page 4 may TO FUNERAL (director, pal should be fil Bal 22c. PHYSICIAN'S 22d. ype) 23a. BURIAL CREMATION, 23b.
REMOVAL (Specify)
BURIAL
4 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) National Cemetery Arlin Arlington n Va REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Home. Washington, D.C. Funeral VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06025 executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington Maryland Washington MARYLAND b CITY OR TOWN (If autside carparate limits, white RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn) 88years Hagerstown transit permit. Then please remove corban papers. cremation, or removal, and in any event, within 72 h d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 239 S. Locust St. 239 S. Locust St. NO F YES 🗔 3. NAME OF Middle 4 DATE Month Year DECEASED MARTHA ROSENA SCHENSKY 19 66 April 25 DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED 8 ast birthday) Haurs July 24, 1877 female white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) DOM O Hagerstown, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME physi ien pl requires that the death tertiff John Charles Peters Unknowm 16. SOCIAL SECURITY NO. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknawn) (If yes give war ar dates of service) Gilbert Schensky Hagerstown, Md. none 24 AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriof-tronsit p PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Coronary occlusion (b) Arteriosclerotic heart disease Indefinite Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been the Hypertensive vascular disease Indefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO PK YES 📑 ق 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of Item 18) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office blda., etc.) 25, 19 60 that (I) (we) last to April M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 148 West Washington Street 22c. PHYSICIAN'S Kneisley, MID. NAME (Type) Hagerstown, Maryland director, should b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, 23b. DATE THEREOF MEMOVAL Segret 4/27/66 Rose Hill Cemetery Hagerstown. Md 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hagerstown, Mdeale MINNICH FUNERAL HOME



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please (remove adroan papers. Pages 1 and 2) should be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after deather. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		06076			CERTIFICAT	E OF DEAT	Н			- {!!	607	3
		PLACE OF DEATH						leceosed lived, if ins				
			shingtor	1	MARYLAND	o. STATE Ma			COUNTY Wa)
		b CITY OR TOWN (If outside write PUPAL and muse of	le corporate limits,		c, LENGTH OF STAY IN 16	CITY OR TOWN	(If outside co	rporote limits, write	RURAL ond g	ve neorest	town)	
		Hagerston Hagerston	vn		50 years	Hage	rstow	m			1	
		d. NAME OF HOSPITAL OR I	NSTITUTION (If not in '	rospita , giv	e street oddress)	d STREET ADDRES	55			6	IS RESIDE ON A FAT	
		1122 Nole	er Ave.			1122	Mole	r Ave.		Υ		10
	3	NAME OF	First		Middle	Lost	4. D		Month	Doy	Year	
		DECEASED (Type or prnt)	HARRY	RICH	ARD SEIBE	RT, SR.	OI DI	ATH Apri	.1	25	19 6	6
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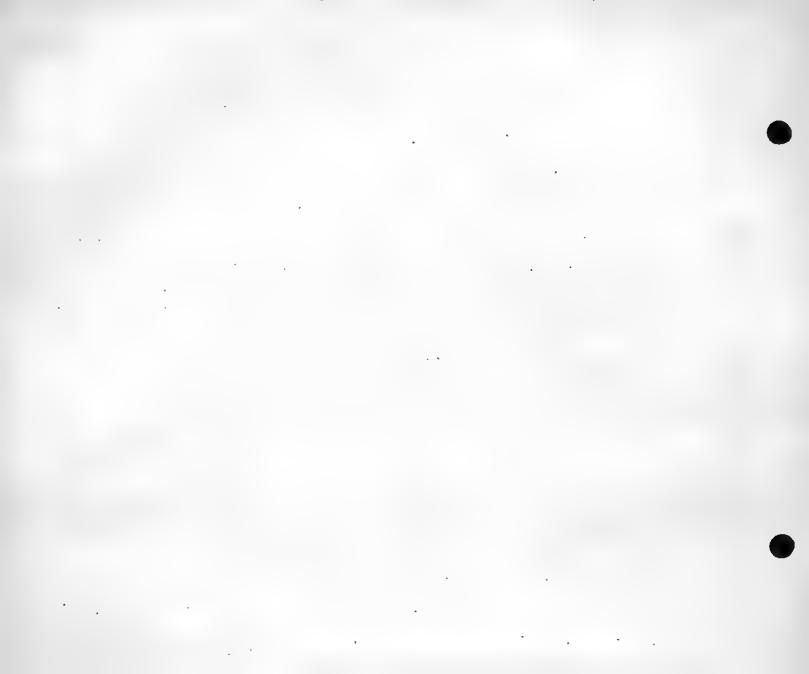
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06078 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth. by the funeral Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY b. COUNTY Maryland Washington Washington MARYLAND b CITY OR TOWN (If autside carparate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown month Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled in A STREET ADDRESS IS RESIDENCE ON A FARM? 1459 Potomac Ave. Washington County Hospital YES NO corbon 3 NAME OF M ddle 4 DATE Month Day Year DECEASED HILDEGARDE KINGSBURY SHEA April 20 19 66 in any event, (Type or print) DEATH SEX AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED remove **NEVER MARRIED** last birthday) Months Davs female white WIDOWED DIVORCED an a 10a USLAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) eose INDUSTRY COUNTRY? space electron. Philadelphia, Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John K. Wheeler Sr. Wilba Hummel 15 WAS DECEASED EYER IN J. S. ARMED FORCES?
(Yes, na, ar unknawn) (15 yes give war ar dates af service) 16. SOCIAL SECURITY NO 17 INFORMANT Address 219-20-2963 Mrs. Wilba Wheeler Hagerstown. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burnol-tronsit p ONSIT AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ms Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept af Health NO L YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour am. factors street, affice blda. etc.) Nat While at work 1965, to 20 April 1966, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from_ Poge 4 moy be retoined and the death occurred at 71212 M, from chuses and on the date stated above saw the deceased alive on. 22g. SIGNATURE DATE SIGNE ATTENDING director, page 3 should be filed v M.D. PHYS PHYS 22d ADDRESS 22c PHYSICIAN' 214 N. Potomac St. Hagerstown, NAME (Type) Harold H. Gist. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) 23a BURIAL, CREMATION REMOVAL (Specify) Berwick, Pa. 4/23/66 Pine Growe Cemetery ADDRESS 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 MINNICH FUNERAL HOME Hagerstown, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. .6.7 Pilm C3 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Machineton Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 4 days Hicerstoin Rural Millin sport Rがり #1 = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO. pou NAME DE First Middie Last 4. DATE Month Year DECEASED (Type or print) 17 050 DEATH 17 7: 19 DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED [remove last birthday) | Months | Days Hours Female White WIDOWED [DIVORCED 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if retired) COUNTRY? laryland CHARTILIC U. D. B. death certificate ᆸ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Charles Gruber 17. INFORMANT 15. WAS DECEASED EVER INU.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) (If yes give war or dates of service) ur. Charles i. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease attending physician, Several vears signed DUE TO Carcinoma Of Uterus Conditions, If any, which Vear gave rise to immediate 書き DUE TO cause (a), stating the underlying cause last. 88 CERTIFICATION PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (IN PART 1(a) 19. WAS AUTDPSY for use Health I PERFORMED? The YES T NO THE PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1-10-19.66 to 11-25-19_66, that (I) (we) last DIRECTOR: 3 should led with the and that death occurred at 8: 30M, from the causes and on the date stated above. saw the deceased alive on 11-21-1966 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. page TO HOSPITAL 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) Hagerstown, Md. (State) DATE THEREDE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Teaf dilli VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and deat HSHAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE DE DEATH a. COUNTY b. COUNTY a. STATE Pages 1 urs after Washington Maryland Washington MARYLAND CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š papers. Page in 72 hours a .⊑ Hagerstown Months Rohrersville e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 NO X Western Maryland State Hospital YES withi executed within sompletely carbon 3. NAME OF □ Last 4. DATE Month Day Year Middle DECEASED OF DEATH (Type or print) 196 AGE (In years | IFUNOER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIEO NEVER MARRIEO [remove last birthday) Months Days Hours attending physician and rmit. Then please remo n, or removal, and in any WIOOWED X DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 名 U. Own Home Rohrersville, Md. S. Housewife The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sugan Stine John Neild n signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 213-48-4207 Mr. Guy L. Smith, Rohrersville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending paysician. IMMEDIATE CAUSE (a) OHE TO OBCLUSION NARY Conditions, If any, which gave rise to Immediate 2 به OUE TO (a), stating the prior CLEROTIC CARINOUGSLUCAR DISEASE underlying cause last. 38 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? NO YES 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) stached Dept. of WEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While Stat at work at work p.m. -21. I certify that (1) (this hospital) attended the deceased from 2 19 (c/a, that (!) (we) last DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the deceased alive on. @@_and that death occurred at 22a. SIGNATURE ATTENDING MEO. DIRECTOR page PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S AOORESS should be director, NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. 0 REMOVAL (Specify) 4- 20- 66 Rural Rohrersville, Locust Grove Cemetery Burial ADDRESS REC'O BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro Md VR #15 (4) 20M 1/65

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	12/	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	Ø,		1	O6082 CERTIFICATE OF DEATH
	executed within 24 hours after death	and and death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. COUNTY
	jaj	ter 1		WASHINGTON MARYLAND 8. STATE MARYLAND WASHINGTON
	aff	y th		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	SITS	i		RURAL HAGERSTOWN 5 DAYS HAGERSTOWN
	# E	filled papers. In 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
•	2 4	Figure 1	_	AVALON MANOR INC. 209 MRALEY PKWY. YES NO X
	Ē	wit	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASEO
	5	car car ent,	-	(Type or print) MARY LITTLE STICKELL DEATH APRIL 3 19 66
	cute	e e e		last birthday) Months Days Hours Min.
	ž (高量量		FEMALE WHITE WIDOWED DIVORCED DEC. 24, 1886 79 yrs. a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
	್ಲಿ ಕ್ಲಿ	2 00 mg	du	ring most of working life, even if retired) INDUSTRY
	ate	hysi ple al, a	13	HOMEMAKER OWN HOME WASHINGTON CO. MARYLAND U.S.A. FATHER'S NAME
	ţį.	le p		HENRY ZEIGLER ALICE LITTLE
	99	ig. ie.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT HAACKESTOWN MD
	ath	atte ermi m, o		es, no, or unkown) (ffyes give war or dates of service) NO NO NOE MR. HOWARD STICKELL 209 MEALEY PKWY.
	Ö	the it pre		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the forector, page 3 should be detached for use as the burial-transit permit. Then please tambove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and hrany event, within 72 hours after		PART I. DEATH WAS CAUSED BY: Metastatic Carcinoma to longs. ONSET AND DEATH
	tha Sicis	gned al-tr ial, c	1	DUE TO
	ires	bur bur		conditions, if any, which gave rise to immediate (b) Cercinoma of Kidney
	requ ding	the tre		cause (a), stating the DUE TD
	aw I	as prio	I S	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	r at	use sta	CERTIFICATION	PERFORMED? YES NO [2]
	taf. T	P F		202 ACCIDENT WAS INDERLYING TO 200 DESCRIBE HOW IN HIP OCCIDED / Fotor nature of injury in Part Lor Pa
	ICIA ospi	Ted Ted	H H H H H	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYS he h	this etac Dep	됨	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
		ter de de	MEDICAL	Hour a.m. p.m, 19 While Not While at work at work at work at work
	OR ATTENDING be retained by	ald h	~	21. I certify that (I) (this hespital) attended the deceased from Mar., 1955 to Apr. 3, 1966, that (I) (we) las
		Short th th		saw the deceased alive on April 3 1956, and that death occurred at 2 P. M, from the causes and on the date stated above
4	OR A	d ×i		22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 1.4. 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
		L D		M.D. ATTENDING MED. STAFF 22c. PHYSICIAN'S LIZE ADDRESS 22d. ADDRESS
	HOSPITAL	L be		NAME (Type) LLOYD A. HOFFMAN M.D. 214 N. POTOMAC ST. HAGERSTOWN. MD.
	HOSPITAL Page 4 may	in direction	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	2	2012		BURIAL (SOCCIO) APRIL 6,1966 ROSE HILL CEMETERY HAGERSTOWN, MARYLAND
		n t	2	
	VR 20 N	A15 (4)	1	- Kailsom Karys HAGERSTOWN, MARYLAND APR 11 1966 Schanles Judge
	2010	1/00	-	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96683CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH p. COUNTY b. COUNTY Marvland Washington Washington MARYLAND b CITY OR TOWN (If autside carparate imits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 18 I campletely filled in by the mave carban papers. Page ny event, within 72 haurs a Write RuRAL and a ve nearest town)
Hagerstown Hagerstown vears e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 849 Kenly Ave. 849 Kenly Ave. YES T NO. 3. NAME OF Middle DATE First Last Month Year Day DECEASED (Type or print) WILLIAM LANDIS TABLER April 19 66 DEATH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED X NEVER MARRIED 52 lost birthday) remove Months white Nov. 17,1913 male WIDOWED DIVORCED and 100 USEAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) air condition COUNTRY? Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Nellie Stalev William A. Tabler IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, prunknown) (If yes give war ar dates at service) 218-30-9752 Hagerstown, Md. Catherine Tabler no crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) the signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the 'O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONCRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached far use on the Dept. of Health p NO CERTIFICATION YES I 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (State) foctory, street, office bldg., etc.) Not While at wark at wark 21 I certify that (1) (this haspital) attended the deceased from Nov 19 44, that (1) (we) last 6, and that death accurred at A M, fram causes and an the date stated above saw the deceased alive an. 22b DATE SIGNED 22a SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22 PHYSICIAN'S directar, pa shauld be f NAMe (Type) John C. Morton, M. D. 580 Northern Ave., H agerstnwn, Md. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230 BURIAL, CREMATION, 4/6/66 Rest Haven Cemetery Hagerstown, Md. ADDRESS 25g, REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home Hagerstown, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06084 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please camove carbon papers. Pages I and matian, ar remaval, and a greyent, within 72 haurs after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission b COUNTY Washington o. COUNTY Washington Marvland MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If guiside corporate imits. Hagerstown years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 820 Potomac Ave. YES NO 3 NAME OF First Middle 4 DATE Lost Month Dov Year DECEASED THOMAS HARRY April 22 19 66 I RA (Type or print) DEATH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH day birthday) Months Hours separater white Nov. 28,1900 ma1e 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) Leather Mfa. Indiana, Penna. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Thomas Mary F. Fleming 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-0947 Mrs. Ruth Custer Hagerstown, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)
PART: DEATH WAS CAUSED BY. burral-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) none NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work ot work 19 66, ta 412 2_ , 19 66, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 4/12 director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 1245 PM, from causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 238, LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (Stote) REMOVAL (Specify) 4/25/66 Cemetery Rose Hill Hagerstown, Md 250, REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 MINNICH FUNERAL HOME Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06085 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) atte≡ding physician and campletely filled in by the funeral permit. Then please remove carban papers. Pages 1 and 1. PLACE OF DEATH b. COUNTY o. COUNTY MARYLAND Parban papers. Pages 1 ent. within 72 hours after b CITY OR TOWN (If outs de corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Days Hagerstown Hagerstown IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 318 Devonshire Rd. County hos ital "asnin ton YES NO NO 4 DATE 3 NAME OF First Middle Month Doy Year Lost DECEASED REBEAGA 19 66 Atril DEATH (Type or print) burial, crematian, ar remaval, and in any even IF UNDER 1 YEAR IF JNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED dast birthdoy) Months DIVORCED WIDOWED Fenale JOb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? USA Can Hone Cherry Run, Berkley 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Harper Charles Crane 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. burial-transit permit. (Yes no, or unknown) (If yes give wor or dates of service) Paul R. Valentine 318 Davonshire Rd. nagerstown, Liviano INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) QNSET AND DEATH PART I. DEATH WAS CAUSED BY West & ica IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse detached far use as the te Dept. of Health priar ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES -NO OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (County) (Stote) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While ot work of work þe 21. I certify that (I) (this hospital) attended the deceased from 1966, and that degree occurred objects of the state of t sage 3 shauld b 22b. DATE SIGNED 22a, SIGNATURE MED DIRECTOR STAFF PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIÁN'S NAME (Type) Northern Ave 23b. DATE THEREOF 23E NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23o. BURIAL, CREMATION BULL' 1 (Specify) Rose Hill Constery 25b. REGISTRAR'S SIGNATUR 25o, REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Laryland DATE A-R 29 Angrew K. Coffian Hagerstown. 20 M 1/66



10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- (M)	06056 CERTIFICATE OF DEATH
requires that the death certificate be executed within 24 hours after death ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then please remove arbon papers. Pages 1 and the burial, cremation, or removal, and in any cent, within 72 hours after death or to burial, cremation, or removal, and in any cent, within 72 hours after death.	1. PLACE OF DEATH a. COUNTY Workington 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admitission a. STATE M
afte y the ages s afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in b	Hagerstown 4 days Kural Boonesboro
d within 24 hours after appletely filled in by the 1 arbon papers. Pages 1 ent, within 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital R # 2 e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
rithir etely bon witl	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF
e a s	(Type or print) { dna Grace Genieva Van Metre DEATH April 2 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HR:
P	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 FR If UNDER 24 FR: last birthday) Months Days Hours Min. 50 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
attending physician ermit. Then please r n, or removal, and in	Housewife Own Home Martinsburg, W. Va. USA
oval	13. FATHER'S NAME
rem	Charles John Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
on, or	(Yes, no, or unknown) (If yes give war or dates of service) 232-26-6597 Mrs-Charlotte Ridenour Chewsville Md
ate has been signed by the attending physuse as the burial-transit permit. Then pleatth prior to burial, cremation, or removal, a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
ed b	IMMEDIATE CAUSE (a) Cardiac arriving minutes
urial	Conditions, if any, which DUE TO Rheumatic Heart Disease years
9	gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c)
f Health prior to t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 20m. 19 20m. Not While at work 20m. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20m. 20m.
he State Dept. of P	21. I certify that (I) (this hospital) attended the deceased from 2-25, 1966, to 4-2-, 1966, that (I) (we) las
oriector, page a snown should be filed with the	saw the deceased alive on //4-2 1966, and that death occurred at M, from the causes and on the date stated above
	M.D. ATTENDING MED. STAFF PHYS.
a	22c. PHYSICIAN'S NAME (Type) Charles C. Spencer, M. D. 22d. ADDRESS
hou	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
" /\	Burial 04/5/66 Rest Haven Cemetery Hagerstown Md
MI	24. FUNERAL DIRECTOR Clas. C. Nord ADDRESS 250. REGISTRAR'S SIGNATURE ROAT HOUSE Judge DAMP R 7 1966 Charles Judge
./	Rest Haven Funeral Chapel Hagerstown, Md. DAHOR 1960 J



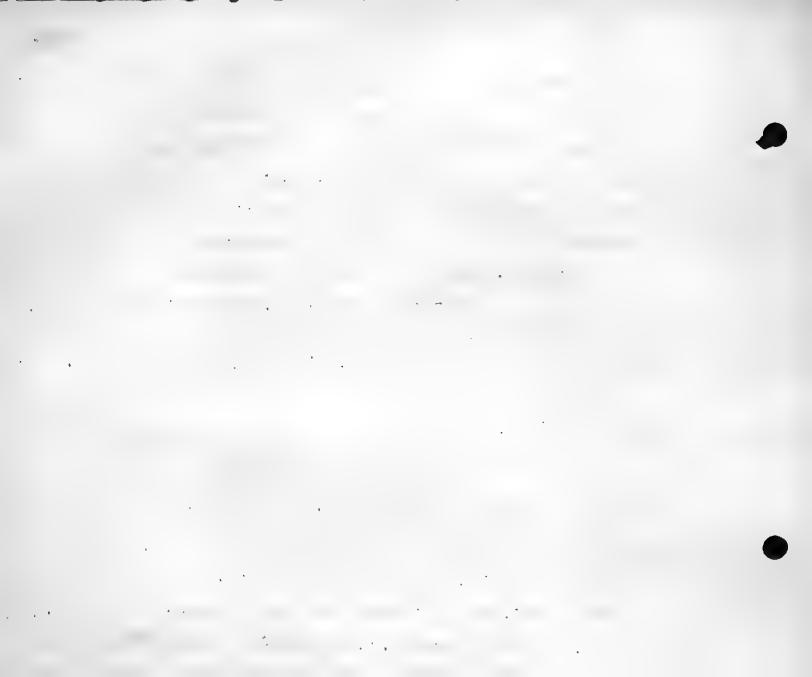
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06090 CERTIFICATE OF DEATH . The faw requires that the death certificate be executed within 24 hours after death. death campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ashin ston a. COUNTY o. STATE MARYI AND Marvland c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if outside corporate limits, write RURAL and over nearest town) C LENGTH OF STAY IN 16 Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM event, within 72 28 Harmans Avenue Harmans Avenue YES -NOX 3. NAME OF Middle 4. DATE Firs# Lost Month Doy Year DECEASED BENTON WHORTON THOMAS DEATHADril 166 (Type or print) IF UNDER 24 HRS 9 AGE (In years 1 YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** dost pirthdow) Months Days Hours White WIDOWED K DIVORCED February IDa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT during most of working life even fretired) INDUSTRY COUNTRY? Laborer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. Thomas B. Thorton Florence Bussard 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO St. (Yes, no, or unknown) (If yes give war or dates of service) Corpett Largaret Houser 1034 275 MIS. crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line fat (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DHE TO Conditions, if only, which gove use to immediate couse (a), DUE TO stating the underlying cause far use as the last. PART 17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Health NO 205 DESCRIBE HOW ANJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 70o ACCIDENT WAS INDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) Not While factory, street, affice bldg., etc.) at work 96 to 21. I certify that (1) (this haspital) attended the deceased from 2-5 __ , that (I) (we) last M, fram causes and an the date stated above. and that death accurred at_ saw the deceased alive an W DATE SIGNED ATTENDING MD DIRECTOR PHYS. directar, page 3 shauld be filed v 22d. ADDRESS* PHYSICIAN'S NAME (Type) 1135 POTOMAC AVENUE HAG. MD. T. BINFORD. M.D. RICHARD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION BUTIAL Rose Hill Cene terv 25 REGISTRAR 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Andrew K. Coffman Hagerstown, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Maruland Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pag hours Lite .⊑ Kaaerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Riddlersburg NO R within completely NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED event, Albert. Williams (Type or print) Lakence DEATH 25 April 1966 executed 5. SEX and con 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Aug. 8. 1878 Male WIDOWED X OJVORCEO T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? tationary Dower Kagerstown I'ld inarneer certificate A L FATHER'S NAME MOTHER'S MAIOEN NAME гетоуа attending principles Villiam Riley Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death (b (Yes, no, or unknwn) (If yes give war or dates of service) Antietam Dt. Hagerstown Nο the 18. CAUSE OF DEATH [Enter only one cause per line for (a). **ONSET AND DEATH** Š PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed -DUE TO buria Cenditions, if any, which peen gave rise to immediate 햐 DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use certificate PERFORMED? NO D YES [203. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF OBATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t, of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While p.m. at work at work retained v DIRECTOR: / age 3 should filed with the 21. I certify that (I) (this hospital) attended the deceased from house saw the deceased alive on. and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE OATE SIGNED page ATTENOING PHYS. MED. DIRECTOR M.O. may O HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADORESS director, p NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rest Haven Cemetery Md. Kaaerstown REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hagerstown (Id



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. county legany a. STATE in by the fusion Pages 1 hours after, Washington Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) Cumberland Days d. NAME OF HUSPITAL OR INSTITUTION (if not in hospital, give street address) papers. in 72 hc filled e. IS RESIDENCE d. STREET AOORESS ON A FARM? within Western Marvland State Hospital YES NO K 323 Holland etely Recuted within completely we carbon NAME OF DATE 3. First Oav DECEASED OF DEATH DESS 1966 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove any eve 7. MARRIED [NEVER MARRIED last birthday) Months Days and 1888 Female White WIDOWED X DIVORCEOF .5 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physician the burial-transit permit. Then please it to burial, cremation, or removal, and in during most of working life, even if retired) COUNTRY? INDUSTRY Housewife West Virginia II S A The lam requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Charles E. Martha Dugan Cherry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no. or unkown) | (If yes give war or dates of service) 220-16-6009 Miss Jane C. Williams, 323 Holland St. Cumb d INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. OEATH WAS CAUSED BY: MOURS be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO ENERALIGED PATERIOSCLEROSIS Cenditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the as th underlying cause last. CERTIF: CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORME 02 NO TY 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While fter at work at work p.m. 0 1966 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should 1966 and that death occurred at 25M, from the causes and on the date stated above. saw the deceased alive on SICNATURE page ; ATTENOING TONID PHYS. M.O. DIRECTOR Page 4 may PITE FUNERAL PHYSICIAN'S AOORESS director, p should be 1 22c. 22d. NAME (Type) BURIAL, CREMATION, 23b, OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Burial 0 Cumber land Md. 1966 Hillcrest Burial Park FUNERAL DIRECTOR **ADDRESS** REC'O BY REGISTRAR 25b. RECISTRAR'S SICNATURE Baltimore Ave. Cumberland 1/65 Μđ

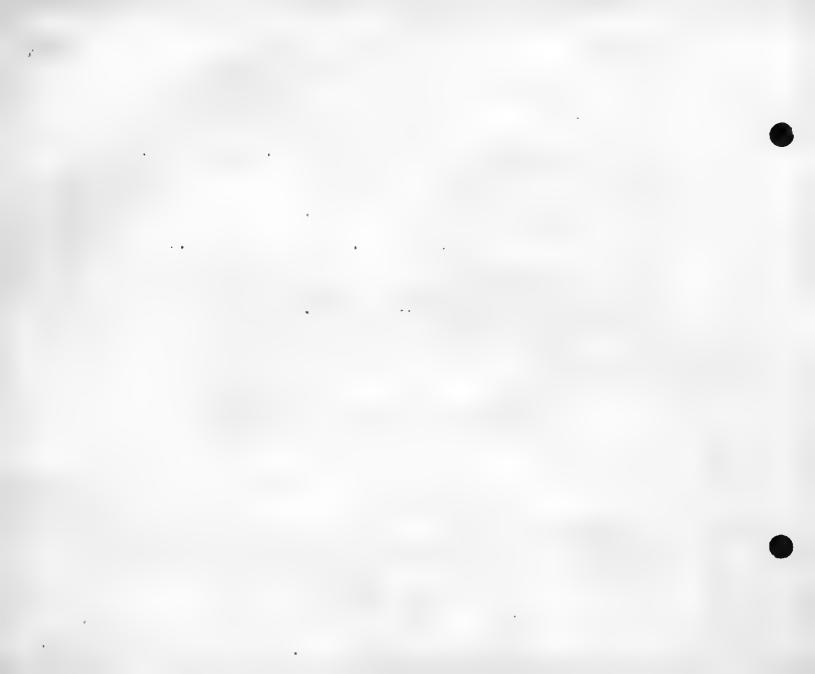


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06089 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH d. COUNTY Washington o. STATE Maryland b county Washington MARYLAND ian papers. Pages within 72 hours aft c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c RENGTH OF STAY IN 16 write RURA, and give nearest town)
Hagerstown 24 Yrs. Hagerstown IS RESIDENCE ON A FARM? ampletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1119 Moler Ave. 1119 Moler Ave. YES NO D 3 NAME OF Middle Last DATE Day pau First Manth Year DECEASED Willman 66 April Jennie Louise 19 (Type or print) DEATH IF UNDER 24 HRS. FUNDER 1 YEAR S SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days White WIDOWED DIVORCED Female June 3, 1879 10 0 12 CITIZEN OF WHAT 100, USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHP_ACE (County & State, or fareign country) during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Own Home Locust Grove, Md. U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John W. Haynes Martha E. Hines Hagerstown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, ng, ar unknown) (If yes give war ar dates of service) 220-52-2165 Mrs. Glendon McGill, 1119 Moler Ave. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 4200 DUE TO Canditians, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause has been the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D O FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While at work at work , 19 66, to 12 60 - 3, 19 66, that (1) (we) last 2]. I certify that (1) (this bospital) attended the deceased from May 22 19.66, and that death accurred at 7/50M, fram causes and an the date stated above. saw the deceased alive an 17 hs 22a. SIGNATURE 22b. DATE SIGNED Z 4 4-66 M.D. DIRECTOR PHYS. director, page 3 should be filed v PHYS 22d. ADDRESS 217 V 22c. PHYSICIAN'S West Washington St., Hag., Md. NAME (Type) Edward W. Ditto. III. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF ((cunty) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 4- 6- 66 Rohrersville Cemeterv Rohrersville. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR DATAPR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06091 CERTIFICATE OF DEATH filed in by the funeral bon papers. Pages 1 and 2 within 72 hours after death. death. within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. o. COUNTY o. STATE b. COUNTY Washington Marv1and Washington MARYI AND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown Hagerstown Vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? 271 S. Prospect St. Washington County Hospital YES NO NAME OF Middle Lost DATE First Month Doy Year the attending physician and considerativist permit. Then please remove vertical DECEASED RAY WINE April 66 KENDALL 19 (Type or print) DEATH PHYSICIAN: The law requires that the death certificate be executed 9 AGE (n years 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Glast birthday) Months Dovs Hours Mar. 29,1899 white male WIDOWED DIVORCED ond in onv 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPAT ON (Give kind of work done during most of working inte, even if retired) airplane mfg. Shenandoah, Co., Va. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, Unknown Bertie Fleming 16 SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If If we give wor or dates of service 212-03-3644 New Market, Va Mms. Harry Harpine no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) L1 20 6 DUE TO Conditions, if only, which gove rise to immediate cause (o), **DUE TO** stoting the underlying couse attending as the TO FUNERAL DIRECTOR: After this certificate hos been OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? PARI for use USe NO Page 4 may be retained by the hospital or 200 ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work ot work . 196 (, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 19 GC to Musal 3 should and that death accurred at 1 12 M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DAJE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS be filled director, page 22d ADDRESS 22c PHYSICIAN NAME (Type) should 23d. LOCATIÓN (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (Store) burial (Specify) Va. 250 REC'D BY REGISTRAR 256 REGIS 4/9/66 Flat Rock Cemetery 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FUNERAL HOME Hagerstown, Md.



1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	YLAND () 6089
1.	MARIE DATE	nce before admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	7/-1
70	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Garlock Convalescent Hospital 622 N. Prospect St.	e. IS RESIDENC ON A FARM? YES NO
3.	3. NAME OF First Middle Last 4. DATE Month DECEASED	y Year 19 66
	5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED DEVELOPMENT NEVER MARRIED 18. DATE OF BIRTH G. COLOR OR RACE 7. MARRIED DEVELOPMENT NEVER MARRIED DAY. HOT DAY. HO	
dt	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE COUNT 12. CITIZE COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	EN OF WHAT IRY?
	Luther Samuel Grye 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Ô	(Yes, no, or unknown) (Ifyes give war or dates of service) None Mr. Owen L. Frye Lovettsville, Va.	
	PART I. DEATH WAS CAUSED BY: Achieve Concern and Breast & O. 170 X DUE TO	TERVAL BETWEEN NSET AND DEATH
NOI	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)	9. WAS AUTOPS PERFORMED?
CERTIFICATION	The Turco Sclean in generalized 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING	YES NO 6
MEDICAL		(State)
	saw the deceased alive on 1962 5 1966, and that death occurred at 6 M, from the causes and on the d	
	C/. O A//	-66
	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Removal (Specify) Burial 4/8/66 Rest Haven Cemetery Hagerstown	(State)
P	Rest Haven Inneral Chapel Hagerstown, Md. DATE PR 1 1 1966 Chapel	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06093 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06090 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY JD. Washington Washington Maryland MARYLAND and 3 t b. CITY OR TOWN (If outside corporate limits, write RURAL and give perest town). c LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) 50 urs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs (Give Pages 1, 14 East Ave. 14 East Ave. YES NO IX with the Sto within 72 } 3. NAME OF 4. DATE Lost Year DECEASED Edward Black April Timmerman 10 19 66 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 62 birthdoy) Months White Male Sept. 22, 1903 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Plumbing Frederick County, Nd. in any Plumber bages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Mary Black Franklin Zimmerman and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, gr,unknawn) (If yes give war or dates of service) ar removal. Mrs. E.B. Zimmerman 14 East Ave. Hagerstown, Md. 214-09-3050 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Lobar Breymonia, Left Lower Lobe & Right Lung writing the word burial, crematian, Conditions, if any, which gave (b) Acute Pleuritis, Left rise to immediate couse (a) DUF TO stating the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? the certificate, YES NO agent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg. etc.) Not While may be retained far your FUNERAL DIRECTOR: Page 21. I certify that I taok charge of the remains described above, held an Autapsy [X], Inspection . Inquiry [and in my apinian Natural causes 🕱 Accident Hamicide Undetermined manner death resulted fram: Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-11-66 TO DEPUTY 5 may be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) Dr. Address (Street, city, town, or county) Hagerstown, Md. E. W. Ditto. Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 0 4/12/66 Rest Haven Cemetery Hagerstown 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (ST Rest Havne Juneral Chapel Hagerstown Md. 6M 1/66

ill. G. Herr